

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077980

1. Entity Name

ABRAMS & ABRAMS, P.A.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90149 037 ***150.00

Principal Place of Business

Mailing Address

700 SW 97TH AVE 9400 South Dadeland Blvd
MIAMI FL 33173 PH-3 MIAMI FL 33174-2110 Miami, FL 33156

2. Principal Place of Business

3. Mailing Address

9400 South Dadeland Blvd
Suite, Apt. #, etc. Same

City & State

City & State

Miami, FL

Zip 33156 Country USA

6. Name and Address of Current Registered Agent

4. FEI Number 65-0616780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|----------------|-----------------------|---------------------------------|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABRAMS, DAVID S | | NAME | | |
| STREET ADDRESS | 7000 SW 97TH AVE #208 | | STREET ADDRESS | 9400 South Dadeland Blvd | |
| CITY-ST-ZIP | MIAMI FL 33173 | | CITY-ST-ZIP | PH-3 Miami, FL 33156 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABRAMS, PERLA | | NAME | Abrams, Perla | |
| STREET ADDRESS | 7000 SW 97TH AVE #208 | | STREET ADDRESS | 9400 South Dadeland Blvd PH-3 | |
| CITY-ST-ZIP | MIAMI FL 33173 | | CITY-ST-ZIP | Miami, FL 33156 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | | | NAME | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 630-9104

CR2E034 (9/99)