

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063924

1. Entity Name  
**FISHER & BENDECK, P.A.**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90066 048 \*\*\*150.00

Principal Place of Business

222 LAKEVIEW AVE  
SUITE 960  
W PALM BEACH FL 33401  
US

Mailing Address

222 LAKEVIEW AVE  
SUITE 960  
W PALM BEACH FL 33401-6173  
US

2. Principal Place of Business

501 So. Flagler Dr.

Suite, Apt. #, etc.

Suite 450

City & State

West Palm Beach, FL

Zip  
33401

Country

USA

3. Mailing Address

501 So. Flagler Dr.

Suite, Apt. #, etc.

Suite 450

City & State

West Palm Beach, FL

Zip  
33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0686138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TANNENBAUM, MICHAEL D  
2161 PALM BEACH LAKES BLVD  
STE. 304  
WEST PALM BEACH FL 33409

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	P	<input type="checkbox"/> Delete
NAME	FISHER, JEFFREY	
STREET ADDRESS	222 LAKEVIEW AVE #960	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENDECK, ODETTE	
STREET ADDRESS	222 LAKEVIEW AVE #960	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JEFFREY	
STREET ADDRESS	501 So. Flagler Dr., Suite 450	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bendeck, Odette	
STREET ADDRESS	501 So. Flagler Dr., Suite 450	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 #

3/20/00 (561) 832-1005

CR2E034 (9/99)