

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90116 035 \*\*\*150.00

**DOCUMENT # P97000012458**

1. Entity Name  
**ERIC L. GLAZER, P.A.**

Principal Place of Business

1143 NW 131 AVE  
 PEMBROKE PINES FL 33028  
 US

Mailing Address

1143 NW 131 AVE  
 PEMBROKE PINES FL 33028  
 US

ADD12966



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 Corporate Blvd. NW  
 Suite, Apt. #, etc.  
**Suite 232**

3. Mailing Address

2300 Corporate Blvd. NW  
 Suite, Apt. #, etc.  
**Suite 232**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**65-0725519**

Applied For

Not Applicable

Zip

**33431**

Country

**USA**

Zip

**33431**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GLAZER, ERIC L**  
**1143 NW 131 AVE**  
**PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2300 Corporate Blvd. NW**  
**Suite 232**  
 City **Boca Raton** **FL** Zip Code **33431**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GLAZER, ERIC</b>
STREET ADDRESS	<b>1143 NW 131 AVE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2300 Corporate Blvd. NW, Suite 232</b>
CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
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	
CITY-ST-ZIP	
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	
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

1/9/01 561-997-2325  
 Date Daytime Phone #

CR2E034 (10/00)