

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000014866**

1. Entity Name  
**DEBRA L. STEINSALTZ, P.A.**

Principal Place of Business 4850 NORTH STATE ROAD 7 SUITE O FT LAUDERDALE FL 33319	Mailing Address 4850 NORTH STATE ROAD 7 SUITE O FT LAUDERDALE FL 33319
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2. Principal Place of Business 5400 STIRLING ROAD	3. Mailing Address 4230 GREENBRIAR LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAVIE FL	City & State WESTON FL
Zip 33314	Country US
Zip 33331	Country US

4. FEI Number <b>65-0735778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**STEINSALTZ DEBRA L**  
**4850 NORTH STATE ROAD 7**  
**SUITE O**  
**FT LAUDERDALE FL 33319 US**

**7. Name and Address of New Registered Agent**

Name <b>STEINSALTZ DEBRA L</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4230 GREENBRIAR LANE</b>
City <b>WESTON FL</b>
Zip Code <b>33331</b>

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 \_\_\_\_\_ **04/25/2000**  
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	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>STEINSALTZ DEBRA L</b>			NAME			
STREET ADDRESS	<b>4230 GREENBRIAR LANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WESTON FL 33331</b>			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			
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
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
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: DEBRA L. STEINSALTZ

04/25/2000