

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048514

1. Entity Name

LAW OFFICE OF STEVEN M. WILLNER, P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90160 045 \*\*\*150.00

|   |  |
|---|--|
| Principal Place of Business                     | Mailing Address                                      |
| 1031 IVES DAIRY RD., STE. 228<br>MIAMI FL 33179 | 1031 IVES DAIRY RD., STE. 228<br>MIAMI FL 33162-2408 |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br>17001 NE 6 <sup>th</sup> AVE | 3. Mailing Address<br>17001 NE 6 <sup>th</sup> AVE |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                |

|                                   |                                   |                             |  |
|-----------------------------------|-----------------------------------|-----------------------------|--|
| City & State<br>N. Miami Beach FL | City & State<br>N. Miami Beach FL | 4. FEI Number<br>65-0925379 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>33162                      | Country<br>USA                    | Zip<br>33162                | Country<br>USA   |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

WILLNER, STEVEN M  
 1031 IVES DAIRY RD., STE. 228  
 MIAMI FL 33179

7. Name and Address of New Registered Agent

Name: Steven M. Willner  
 Street Address (P.O. Box Number is Not Acceptable): 17001 NE 6<sup>th</sup> AVE  
 City: N. Miami Beach FL Zip Code: 33162

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, 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

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILLNER, STEVEN M ESQ.<br>1031 IVES DAIRY RD., STE. 228<br>MIAMI FL 33179 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Willner, Steven M Esq<br>17001 NE 6 <sup>th</sup> AVE<br>N Miami Beach, FL 33162 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 4/21/00 (305) 999-0001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)