

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38131

1. Entity Name

LARRY S. SAZANT, P.A.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90220 035 \*\*\*150.00

Principal Place of Business

Mailing Address

2525 NORTH STATE RD 7  
STE 100  
HOLLYWOOD FL 33021  
US

2525 NORTH STATE RD 7  
STE 100  
HOLLYWOOD FL 33021-3262  
US

2. Principal Place of Business

3. Mailing Address

1920 E Hallandale Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH 2

Same

City & State

City & State

Hallandale FL

Same

Zip

Country

Zip

Country

33009

US

33009

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAZANT, LARRY S  
2525 N STATE RD 7  
STE 100  
HOLLYWOOD FL 33021

Name

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

1920 E Hallandale Beach Blvd

PH 2

City

Hallandale

FL

Zip Code 33009

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 if not applicable, Registered Agent signature required when reinstating)

2-13-2000

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  
NAME SAZANT, LARRY S  
STREET ADDRESS 2525 N STATE RD 7, STE 100  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☒ Change ☐ Addition  
NAME 1920 E Hallandale Beach Blvd  
STREET ADDRESS Hallandale, FL 33009  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

2-13-2000

Date

954-468-6801

Daytime Phone #

LARRY S. SAZANT

CR2E034 19/99