

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000061151

1. Entity Name

STEVEN W. CUTLER, P.A.

FILED

Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90090 002 ***150.00

Principal Place of Business

Mailing Address

~~777 BRICKELL AVE~~

~~777 BRICKELL AVE~~

~~1200~~

~~1200~~

~~MIAMI FL 33131~~

~~MIAMI FL 33131-2867~~

US

US

2. Principal Place of Business

350 E. Las Olas Blvd.

3. Mailing Address

350 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1250

Suite, Apt. #, etc.

Suite 1250

City & State

Ft. Lauderdale Florida

City & State

Ft. Lauderdale, Florida

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-0445625

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

CUTLER, STEVEN W.

777 BRICKELL AVE

~~1200~~

MIAMI FL 33131

Name

Steven W. Cutler

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

350 E. Las Olas Blvd.

Suite 1250

City

Ft. Lauderdale

FL

Zip Code

33301

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

Steven W. Cutler

STEVEN W. CUTLER

03/06/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, STEVEN W.	NAME	
STREET ADDRESS	777 BRICKELL AVE STE 1200	STREET ADDRESS	350 E. Las Olas Blvd., Suite 1250
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Ft. Lauderdale, FL 33301
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	
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:

Steven W. Cutler, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/00

Date

(954) 522-7900

Daytime Phone #

CR20EN24 (03/00)