

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10128

1. Entity Name

SERIL L. GROSSFELD, ATTORNEY-AT-LAW, P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90067 049 ***150.00

Principal Place of Business

8 S.E. 8TH ST.
FT. LAUDERDALE FL 33316
US

Mailing Address

P. O. BOX 943
FT. LAUDERDALE FL 33302-0943
US

2. Principal Place of Business

107 SE 10th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

Zip

33316

Country

USA

Zip

Country

4. FEI Number

59-2242384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSSFELD, SERIL L.
8 S.E. 8TH ST.
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
SERIL L. GROSSFELD

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

107 SE 10th St.

City

Ft Lauderdale

FL

Zip Code 33316

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

Seril L. Grossfeld

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/00

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	DPS	<input type="checkbox"/> Delete
NAME	GROSSFELD, SERIL L.	
STREET ADDRESS	8 S.E. 8TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROSSFELD, SERIL L.	
STREET ADDRESS	8 S.E. 8TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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	107 SE 10th St.	
CITY-ST-ZIP	Ft Lauderdale, FL 33316	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	107 SE 10th St.	
CITY-ST-ZIP	Ft Lauderdale, FL 33316	
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:

SERIL L. GROSSFELD, President

Date

Daytime Phone #

3/10/00

(954) 763-7100

CR05034 10/00