

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 200522

1. Entity Name

PAUL NOTOWITZ, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90216 005 ***150.00

702940



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8177 W GLADES RD
217
BOCA RATON FL 33434
US

Mailing Address
8177 W GLADES RD
217
BOCA RATON FL 33434-4022
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0826820
Applied For
Not Applicable

Zip Country

Zip Country

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

NOTOWITZ, SCOTT
8177 W GLADES RD
217
BOCA RATON FL 33434

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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. ☐ **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	PD	<input type="checkbox"/> Delete
NAME	NOTOWITZ, RUTH	
STREET ADDRESS	2024 FISHER ISLAND PD	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KUTUN, JUDITH	
STREET ADDRESS	2012 FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL 33109	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NOTOWITZ, SCOTT	
STREET ADDRESS	6526 NW 33 AVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: SCOTT NOTOWITZ SECRETARY 1-7-00 561-883-3338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)