

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90347 049 ***150.00

DOCUMENT # 200522

1. Entity Name
PAUL NOTOWITZ, INC.

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
 US**

814951



2. Principal Place of Business

3898 NW 52ST.

3. Mailing Address

3898 NW 52ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-0826820

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

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

**3898 NW 52ST.
 BOCA RATON, FL.
 33496**

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 **SCOTT NOTOWITZ**

2-20-01

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, 2001 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** ☐ Delete
 NAME **NOTOWITZ, RUTH**
 STREET ADDRESS **2024 FISHER ISLAND PD**
 CITY-ST-ZIP **FISHER ISLAND FL**

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

TITLE **VPD** ☐ Delete
 NAME **KUTUN, JUDITH**
 STREET ADDRESS **2012 FISHER ISLAND DR**
 CITY-ST-ZIP **FISHER ISLAND FL 33109**

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

TITLE **SD** ☐ Delete
 NAME **NOTOWITZ, SCOTT**
 STREET ADDRESS **6526 NW 33 AVE**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3898 NW 52ST.**
 CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 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: **SCOTT NOTOWITZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

561-883-3338

Daytime Phone #

CR2E034 (10/00)