

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90069 048 ***150.00

DOCUMENT # 462226

1. Entity Name

MARTIN J. SCHWARTZ, P.A.



Principal Place of Business

601 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019

Mailing Address

601 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019

24007603



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1039 Harrison Street

Suite, Apt. #, etc.

3. Mailing Address

1039 Harrison Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

4. FEI Number

59-1559070

Applied For

Not Applicable

Zip

33019

Country

USA

Zip

33019

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, MARTIN J.
601 SOUTH OCEAN DRIVE
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

SCHWARTZ, MARTIN J.

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

1039 Harrison Street

City

Hollywood

FL

Zip Code
33019

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SCHWARTZ, MARTIN J.
STREET ADDRESS 601 SOUTH OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTIN J SCHWARTZ

(954) 920-6555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #