

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 494224

1. Entity Name

ATLAS, PEARLMAN, TROP & BORKSON, P.A.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90030 003 ***150.00

Principal Place of Business

Mailing Address

200 EAST LAS OLAS BOULEVARD
SUITE 1900
FORT LAUDERDALE FL 33301
US

POST OFFICE BOX 14610
FT. LAUDERDALE FL 33301-4217

2. Principal Place of Business

350 E. Las Olas Blvd.

3. Mailing Address

350 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite 1700

Suite, Apt. #, etc.

Suite 1700

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

59-1644712

Applied For

Not Applicable

Zip

33301

Country

U.S.

Zip

33301

Country

U.S.

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

TROP, MICHAEL L.
200 EAST LAS OLAS BOULEVARD
SUITE 1900
FORT LAUDERDALE FL 33301

~~Michael L. Trop~~

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

350 E. Las Olas Blvd., Suite 1700

Ft. Lauderdale, FL

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

Michael L. Trop

1/13/00

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

TITLE DP ☐ Delete
NAME ATLAS, JAN
STREET ADDRESS 200 EAST LAS OLAS BOULEVARD, #1900
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE DP ☒ Change ☐ Addition
NAME Jan D. Atlas
STREET ADDRESS 350 E. Las Olas Blvd., Suite 1700
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE DVS ☐ Delete
NAME TROP, MICHAEL
STREET ADDRESS 200 EAST LAS OLAS BOULEVARD, #1900
CITY-ST-ZIP FT LAUDERDALE, FL 00000 33301

TITLE DVS ☒ Change ☐ Addition
NAME Michael L. Trop
STREET ADDRESS 350 E. Las Olas Blvd., Suite 1700
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE DVT ☐ Delete
NAME PEARLMAN, CHARLES B
STREET ADDRESS 200 EAST LAS OLAS BOULEVARD, #1900
CITY-ST-ZIP FT LAUD, FL 00000 33301

TITLE DVT ☒ Change ☐ Addition
NAME Charles B. Pearlman
STREET ADDRESS 350 E. Las Olas Blvd., Suite 1700
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE DVP ☐ Delete
NAME BORKSON, ELLIOT P
STREET ADDRESS 200 EAST LAS OLAS BOULEVARD, #1900
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE DVP ☒ Change ☐ Addition
NAME Elliot P. Borkson
STREET ADDRESS 350 E. Las Olas Blvd., Suite 1700
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Michael L. Trop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

(945) 763-1200

Daytime Phone #

CR2E034 (9/99)