

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90026 046 ***550.00

DOCUMENT # 595575

1. Entity Name
THE LAW OFFICES OF RONALD E. SOLOMON, P.A.

Principal Place of Business
**750 S.E. 3RD AVENUE
 3RD FLOOR
 FT. LAUDERDALE FL 33316
 US**

Mailing Address
**P.O. BOX 14156
 P O BOX 14156
 FT. LAUDERDALE FL 33302
 US**

A0071756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1711 SW 30 PLACE

3. Mailing Address
1711 SW 30 PLACE

City & State
FT LAUDERDALE, FLA

City & State
FT LAUDERDALE, FLA

Zip
33315

Country
USA

Zip
33315

Country
USA

4. FEI Number **59-1862608**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SOLOMON, RONALD E.
 750 S.E. 3RD AVENUE, 3RD FLOOR
 FT. LAUDERDALE, FL LP 33316**

7. Name and Address of New Registered Agent
 Name: **RONALD E SOLOMON**
 Street Address (P.O. Box Number, Not Acceptable): **1711 SW 30 PLACE**
 City & State: **FT LAUDERDALE FL** Zip Code: **33315**

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: **Ronald E Solomon PRES** DATE: **8/1/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SOLOMON, RONALD E. 750 SE 3RD AVE 3RD FLOOR FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ronald E Solomon** **REQUIRED** DATE: **8/1/00** DAYTIME PHONE #: **954 524 7429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (5/00)