

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600334

1. Entity Name

FERRERO & MIDDLEBROOKS, P.A.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90110 036 \*\*\*150.00

Principal Place of Business  
707 SOUTHEAST THIRD AVENUE 6TH FLOOR  
POST OFFICE BOX 14604  
FORT LAUDERDALE FL 33302

Mailing Address  
707 SOUTHEAST THIRD AVENUE 6TH FLOOR  
POST OFFICE BOX 14604  
FORT LAUDERDALE FLA 33302-4604

2. Principal Place of Business  
707 S.E. Third Ave.

3. Mailing Address  
P.O. Box 350648

Suite, Apt. #, etc.  
6th Floor

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

Zip  
33316

Country  
USA

Zip  
33335

Country  
USA

4. FEI Number  
59-1205650

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

FERRERO JR, RAY  
707 SE 3RD AVE  
FORT LAUDERDALE FL 33316

## 7. Name and Address of New Registered Agent

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

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	FERRERO JR, RAY	707 SE THIRD AVE.	FORT LAUDERDALE FL	<input type="checkbox"/>
STD	FERRERO, RAY JR	707 SE THIRD AVE.	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 954-262-7575