

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90103 024 ***150.00

DOCUMENT # 601380

1. Entity Name
DRS. TOBIN, ZWIBEL & APTMAN, P.A.

Principal Place of Business 8940 N. KENDALL DR., #802E MIAMI FL 33176 US	Mailing Address 8940 N. KENDALL DR., #802E MIAMI FLA 33176-2151 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1273902	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ZWIBEL, HOWARD 8940 N KENDALL DR #802 MIAMI FL 33176			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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APTMAN, MICHAEL 8940 N. KENDALL DR., #802E MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICTOR FARAJI 8940 N KENDALL DR #802E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZWIBEL, HOWARD L 8940 N. KENDALL DR., #802E MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, STEVE D 8940 N. KENDALL DR., #802E MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRAZANA, ENRIQUE J 8940 N. KENDALL DR., #802E MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RACHER, DAVID 8940 N. KENDALL DR., #802E MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOBETZ, STEVEN 8940 NW KENDALL #802 E MIAMI FL 33176	TITLE 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: Howard Zwibel **REQUIRED** Howard Zwibel 4/28/00 305 555 4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)