

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90195 012 ***150.00

DOCUMENT # 602388

1. Entity Name

RICHARD N. MAISEL PHD P.A.

Principal Place of Business

**8600 SW 92 ST #104
MIAMI FL 33156**

Mailing Address

**8600 SW 92 ST #104
MIAMI FL 33156-7377**

2. Principal Place of Business

3. Mailing Address

3936 HERON RIDGE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

4. FEI Number

59-1303571

Applied For

Not Applicable

Zip

Country

Zip

Country

33331

USA

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

**MAISEL, RICHARD N.
~~17480 SW 105 TERRACE~~
~~MIAMI FL 33176~~**

**NEW
ADDRESS**

Name

RICHARD N MAISEL

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

3936 HERON RIDGE LANE

City

WESTON

FL

Zip Code

33331

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MAISEL, RICHARD N**
STREET ADDRESS **3936 HERON RIDGE LANE**
CITY-ST-ZIP **WESTON FL 33331**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

MAISEL, RICHARD N.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/2000 305 595-5155

CR2E034 (9/99)