

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602466

1. Entity Name

THAW, GOPMAN & ASSOCIATES, P.A.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90177 031 ***150.00

Principal Place of Business

CERTIFIED PUBLIC ACCOUNTANTS
20451 NORTH WEST 2ND AVENUE
MIAMI FL 33169

Mailing Address

CERTIFIED PUBLIC ACCOUNTANTS
20451 NORTH WEST 2ND AVENUE
MIAMI FL 33169

2. Principal Place of Business

700 S.E. THIRD AVENUE

3. Mailing Address

700 S.E. THIRD AVENUE

Suite, Apt. #, etc.

3RD FLOOR

Suite, Apt. #, etc.

3RD FLOOR

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip
33316

Country

BROWARD

Zip

33316

Country

BROWARD

4. FEI Number

59-1304576

Applied For

Not Applicable

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

THAW, MARK R
20451 NW 2ND AVENUE
MIAMI FL 33169

Name

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

700 S.E. THIRD AVENUE, 3RD FLOOR

City

FT. LAUDERDALE

FL

Zip Code
33316

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GOPMAN, GLENN
20451 NW 2ND AVE
MIAMI, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
700 S.E. THIRD AVENUE, 3RD FLOOR
FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
THAW, MARK R
20451 NW 2ND AVE
MIAMI FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
700 S.E. THIRD AVENUE, 3RD FLOOR
FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAMUELS, STEVE
20451 NW 2ND AVE
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
700 S.E. THIRD AVENUE, 3RD FLOOR
FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)