2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90032 050 ***150.00

708637

DO NOT WRITE IN THIS SPACE

DOCUMENT # 604759

1. Entity Name
KROOP & SCHEINBERG, P.A.

Principal Place of Business	Mailing Address
~~420 LINCOLN RD.~~ 800 West Ave ~~STE 512~~ MIAMI BEACH FL 33139 US	~~420 LINCOLN RD~~ 800 West Ave ~~STE 512~~ MIAMI BEACH FL 33139 US

2. Principal Place of Business	3. Mailing Address
800 West Ave	800 WEST AVE
Suite, Apt. #, etc. C-1	Suite, Apt. #, etc. C-1
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 59-1494357 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KROOP (RICHARD I)
~~420 LINCOLN RD.~~
MIAMI BEACH FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 800 West Ave
C-1
City MIAMI BEACH FL Zip Code 33139

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] 1/23/01
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	STD SCHEINBERG, BRUCE J ~~420 LINCOLN RD.~~ MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE C-1 800 West Ave	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROOP, RICHARD ~~420 LINCOLN RD.~~ MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 West Ave SUITE C-1	☑ Change ☐ Addition
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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 1/23/01 301-538-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #