## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** DOCUMENT # 638407 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name ERICH GOMPERTZ ASSOCIATES, INC. 04-17-2000 90118 041 \*\*\*150.00 Principal Place of Business Mailing Address 941 S.W. 70TH AVENUE 941 S.W. 70TH AVENUE PLANTATION FL 33317 PLANTATION FL 33317-4235 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1945038 Not Applicable \$8.75 Additional Country -~-Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAVENDER, JOEL Street Address (P.O. Box Number is Not Acceptable) 507 SE 11TH CT FT. LAUDERDALE FL 33316 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition TITLE ☐ Delete TITLE GOMPERTZ, ERICH NAME NAME STREET ADDRESS 941 S.W. 70TH AVENUE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOMPERTZ, ERICH NAME NAME 941 S.W. 70TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE GOMPERTZ, NORMA A. NAME 941 S.W. 70TH AVENUE STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fepolicies 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.