

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90287 043 ***150.00

0152749 AV

DOCUMENT # 650047

1. Entity Name
BRUCE L. HOLLANDER, P.A.

Principal Place of Business

901 S STATE RD 7
~~PHC~~
HOLLYWOOD FL 33023
US

Mailing Address

901 S STATE RD 7
~~PHC~~
HOLLYWOOD FL 33023
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 S. State Rd 7

Suite, Apt. #, etc.

Suite 360

City & State

Hollywood FL

Zip

33023

Country

BROWARD

3. Mailing Address

901 S. State Rd 7

Suite, Apt. #, etc.

Suite 360

City & State

Hollywood, FL

Zip

33023

Country

BROWARD

4. FEI Number

59-1962627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLANDER, BRUCE LEE
901 S. STATE RD. 7 PHC
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

Bruce Lee Hollander

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

901 S. State Road 7

Suite 360

City

Hollywood

FL

Zip Code

33023

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, 2002 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 **HOLLANDER, BRUCE LEE**
 STREET ADDRESS **901 S. STATE RD. 7 PHC**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Hollander, Bruce Lee**
 STREET ADDRESS **901 S. State Rd 7, Suite 360**
 CITY-ST-ZIP **Hollywood, FL 33023**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 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: **B. Hollander**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 954-964-8000

Date

Daytime Phone #

CR2E034 (9/01)