

2000 UNIFORM BUSINESS REPORT (UBR)

2/10/00-90037-029-\$150.00-\$150.00

DOCUMENT # 684244

1. Entity Name

GEORGE S. TRAGER, P.A.

FILED

00 MAR -3 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

333 ARTHUR GODFREY RD #104
MIAMI BEACH FL 33140-0697
US

333 ARTHUR GODFREY RD #104
MIAMI BEACH FL 33140-3608
US

2. Principal Place of Business

1090 Kane Concourse

3. Mailing Address

1090 Kane Concourse

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Bay Harbor, FL

City & State

Bay Harbor, FL

4. FEI Number

59-2015264

Applied For

Not Applicable

Zip

33154

Country

Dade

Zip

33154

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRAGER, S. GEORGE
333 ARTHUR GODFREY RD #104
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

S. GEORGE TRAGER

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

1090 Kane Concourse #201

Bay Harbor, FL 33154

City

FL

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	TRAGER, S. GEORGE	
STREET ADDRESS	333 ARTH. GODFREY RD 104	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAGER, S. GEORGE	
STREET ADDRESS	1090 Kane Concourse	
CITY-ST-ZIP	Bay Harbor, FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)