

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90005 032 ***150.00

DOCUMENT # 697494

1. Entity Name

ROBERT A. LAZENBY, P.A.

Principal Place of Business

Mailing Address

3929 PONCE DE LEON BLVD
CORAL GABLES FL 33104

3929 PONCE DE LEON BLVD
CORAL GABLES FL 33104

7722 SW 49 AVE
MIAMI, FLA. 33143

7722 S.W. 49 AVE
MIAMI, FLA. 33143

00013319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2174729

Applied For

Zip

Country

Zip

Country

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

LAZENBY, ROBERT A
3929 PONCE DE LEON BLVD.
CORAL GABLES FL 33104
7722 SW 49 AVE
MIAMI, FLA. 33143

Name

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

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

ROBERT A. LAZENBY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/00

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 ☐ Delete
NAME LAZENBY, ROBERT A
STREET ADDRESS 3929 PONCE DE LEON BLVD. 7722 SW 49 AVE
CITY-ST-ZIP CORAL GABLES FL MIAMI, FLA 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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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:

ROBERT A. LAZENBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

305-667-495

Daytime Phone #