

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F04728

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-22-2000 90033 025 ***150.00

1. Entity Name
RICHMAN, GUTTENMACHER & BOHATCH, P.A.

Principal Place of Business W. FLAGLER ST. 14TH FLOOR FL 33130	Mailing Address 19 W. FLAGLER ST. 14TH FLOOR MIAMI FL 33130-4400 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2035487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUTTENMACHER, EDWARD P.
2600 DOUGLAS RD
PH-8
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	ADDRESS	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	RICHMAN, JEROME S. 19 W. FLAGLER ST. MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	GUTTENMACHER, EDWARD P. 2600 DOUGLAS RD, PH8 CORAL GABLES FL 33134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	BOHATCH, JOHN S. 2600 DOUGLAS RD, PH8 CORAL GABLES FL 33134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	RICHMAN, SCOTT 19 W. FLAGLER ST. 14TH FLOOR MIAMI FL 33130	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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 provided 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, 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 required, or on an attachment with an address with all other duties empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3/13/2000**
 Daytime Phone #: **305442-4911**