

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F13193

1. Entity Name

Samuel Frey, CPA, PA

Principal Place of Business

Mailing Address

2. Principal Place of Business

11594 Claria Drive

3. Mailing Address

11594 Claria Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

59-2047520

Applied For

Not Applicable

Zip

33437

Country

Zip

33437

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Samuel Frey
11594 Claria Drive
Boynton Beach, FL 33437

7. Name and Address of New Registered Agent

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

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: President
NAME: Samuel Frey
STREET ADDRESS: 11594 Claria Drive
CITY-ST-ZIP: Boynton Beach, FL 33437

☐ Delete

TITLE: Secretary
NAME: Iris Frey
STREET ADDRESS: 11594 Claria Drive
CITY-ST-ZIP: Boynton Beach, FL 33437

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 person 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 attached sheet with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)