

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90111 013 ***150.00

0202039 AV

DOCUMENT # F29921

1. Entity Name
LAMONT & NEIMAN, P.A.

Principal Place of Business
ONE BISCAYNE TOWER - SUITE 3550
2 SO. BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address
ONE BISCAYNE TOWER - SUITE 3550
2 SO. BISCAYNE BLVD.
MIAMI FL 33131



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 **59-2095332**

Applied For
Not Applicable

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

LAMONT, ROBERT S.
ONE BISCAYNE TOWER, SUITE 3550
2 SO. BISCAYNE BLVD.
MIAMI FL 33131

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NEIMAN, JAN S.
2 SO. BISCAYNE BLVD.
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LAMONT, ROBERT S.
2 SO. BISCAYNE BLVD.
MIAMI FL ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 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 S. Lamont, President*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OF CERTIFICATE DIRECTOR

01/24/2002 305-530-9400

Date

Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # **F29921**

Entity Name
LAMONT & NEIMAN, P.A.

313238

Principal Place of Business
**ONE BISCAYNE TOWER - SUITE 3550
2 SO. BISCAYNE BLVD.
MIAMI FL 33131**

Mailing Address
**ONE BISCAYNE TOWER - SUITE 3550
2 SO. BISCAYNE BLVD.
MIAMI FL 33131**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2095332**
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LAMONT, ROBERT S.
ONE BISCAYNE TOWER, SUITE 3550
2 SO. BISCAYNE BLVD.
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

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OFFICERS AND DIRECTORS

NAME STREET ADDRESS CITY-ST-ZIP	SD NEIMAN, JAN S. 2 SO. BISCAYNE BLVD. MIAMI FL	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	PD LAMONT, ROBERT S. 2 SO. BISCAYNE BLVD. MIAMI FL	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 S. Lamont President*

01/24/2002 305-530-9400

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR

Date

Daytime Phone #

Law Offices
Lamont & Neiman, P.A.

Attachment

3/3238

ROBERT S. LAMONT
JAN S. NEIMAN
A. STEPHEN KOTLER
ELLEN BETH BELLET
ALBERTO INTERIAN

Reply to: Miami Office

January 28, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Lamont & Neiman, P.A.
Document No. F29921

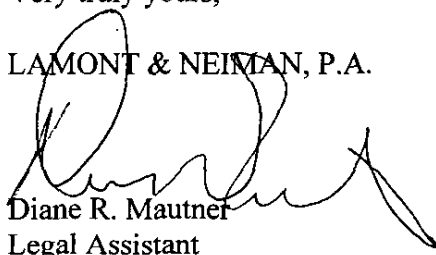
Gentlemen:

Enclosed for filing please find the 2002 Uniform Business Report for Lamont & Neiman, P.A., together with our cost check of \$150.00.

Please return to us a stamped file copy of the Report. A pre-addressed stamped envelope is enclosed.

Very truly yours,

LAMONT & NEIMAN, P.A.


Diane R. Mautner
Legal Assistant
enc.

MIAMI OFFICE
ONE BISCAYNE TOWER • SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131
(305) 530-9400
FAX (305) 530-9409

BOCA RATON OFFICE
980 NORTH FEDERAL HIGHWAY
SUITE 440
BOCA RATON, FLORIDA 33432
(561) 391-1266
MIAMI LINE (305) 358-5710

ATTACHMENT

Doc # F29921

313238

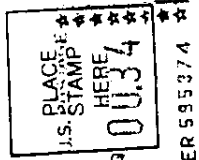
Law Offices

Lamont & Neiman, P.A.

ONE BISCAYNE TOWER • SUITE 3550

TWO SOUTH BISCAYNE BOULEVARD

Miami, Florida 33131



H METER 595374

