

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F30873

1. Entity Name

GEORGE D. PERLMAN, P.A.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90183 022 ***150.00

Principal Place of Business

799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131
US

Mailing Address

799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131-2905
US

2. Principal Place of Business

c/o George D. Perlman, P.A.
Suite, Apt. #, etc. *Suite 3000*
701 Brickell Ave.

3. Mailing Address

c/o George D. Perlman, P.A.
Suite, Apt. #, etc. *Suite 3000*
701 Brickell Ave.



DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **59-2087289**

Applied For
Not Applicable

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

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

FABER, CARL S
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

Name *GEORGE D. PERLMAN, P.A.*
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE
SUITE 3000
City *MIAMI* FL Zip Code *33131*

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

George D. Perlman, President *4/4/00*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PERLMAN, GEORGE D	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERLMAN, GEORGE D	
STREET ADDRESS	799 BRICKELL PLAZA	
CITY-ST-ZIP	MIAMI 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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perlman, George D	
STREET ADDRESS	701 Brickell Ave, Suite 3000	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perlman, George D	
STREET ADDRESS	701 Brickell Ave, Suite 3000	
CITY-ST-ZIP	Miami, Florida 33131	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/4/00

Date

305 374 5646

Daytime Phone #

CR2E034 (9/99)