

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2002 90434 031 ***150.00

DOCUMENT # F43102

1. Entity Name
GLAZER & GLAZER, P.A.

Principal Place of Business

2999 NE 191ST ST.
SUITE 800
AVENTURA FL 33180
US

Mailing Address

2999 NE 191ST ST.
SUITE 800
AVENTURA FL 33180
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2999 NE 191ST Street

Suite, Apt., #, etc.

SUITE 500

City & State

Aventura FL

Zip

33180

Country

US

3. Mailing Address

2999 NE 191ST Street

Suite, Apt., #, etc.

SUITE 500

City & State

Aventura, FL

Zip

33180

Country

US

4. FEI Number

59-2122006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZER, DAVID L
2999 NE 191ST ST.
STE 800
AVENTURA FL 33180

Name

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

2999 NE 191ST Street

SUITE 500

City

Aventura

FL

Zip Code

33180

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete **PD**
NAME **GLAZER, NEIL S**
STREET ADDRESS **12306 CASCADES POINTE DR**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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: *Neil S Glazer* **RENEIL G LAZER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02
 Date

(305) 931-7228
 Daytime Phone #

CR2E034 (9/01)