

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73837

1. Entity Name

SHERMAN & SHERMAN ACCOUNTING, INC.

**FILED**  
Feb 25, 2000 8:00 am  
Secretary of State

02-25-2000 90015 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4500 N. STATE RD. 7~~

4500 N. STATE RD 7

~~101~~

~~101~~

FT. LAUDERDALE FL 33319

FT. LAUDERDALE FL 33319-5868

US

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4700 N. STATE RD 7

4700 N. STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

59-2172463

Applied For

Not Applicable

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

SCHER, FRED

4500 N. STATE RD 7

SUITE 101 200

FT. LAUDERDALE FL 33319

Name

FRED SCHER

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

4700 N. STATE RD 7

SUITE 200

City

FT. LAUDERDALE FL

Zip Code

33319

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)

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**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	DP	<input type="checkbox"/> Delete
NAME	SCHER, FRED	
STREET ADDRESS	6865 CAMILLE ST.	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAEFER, JOSEPH	
STREET ADDRESS	10390 BUENA VENTURA DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

FRED SCHER - FRED SCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

9547390310

Daytime Phone #

CR2E034 (9/99)