

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F75346

1. Entity Name

SOBEL & SOBEL, P.A.

Principal Place of Business

271 BALCROSS DR.  
BAL HARBOR FL 33154-1318  
US

Mailing Address

271 BALCROSS DR.  
BAL HARBOR FL 33154-1318  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2179064

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

SOBEL, JACK M., ESQ.  
19565 EARLWOOD DR.  
JUPITER FL 33458

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME            | STREET ADDRESS     | CITY-ST-ZIP         | <input type="checkbox"/> Delete |
|-------|-----------------|--------------------|---------------------|---------------------------------|
| PD    | SOBEL, JACK M   | 19865 EARLWOOD DR. | JUPITER FL 33458    | <input type="checkbox"/>        |
| VPD   | SOBEL, STUART H | 271 BALCROSS DR.   | BAL HARBOR FL 33154 | <input type="checkbox"/>        |
|       |                 |                    |                     | <input type="checkbox"/>        |
|       |                 |                    |                     | <input type="checkbox"/>        |
|       |                 |                    |                     | <input type="checkbox"/>        |
|       |                 |                    |                     | <input type="checkbox"/>        |
|       |                 |                    |                     | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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

1/12/2000 305 442 3334  
Date Daytime Phone #

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90220 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)