

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004688

1. Entity Name

SPEZIALI, GREENWALD, KUENY & HAWKINS, P.C.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90020 039 ***150.00

Principal Place of Business

Mailing Address

2960 S MCCALL RD
#210
ENGLEWOOD FL 34224
US

221 LAURAL RD
STE 135
VOORHEES NJ 08043-8301
US

2. Principal Place of Business

501 S. Indiana Avenue

3. Mailing Address

221 Laurel Rd.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Englewood, Florida

City & State

4. FEI Number

22-3454762

Applied For

Not Applicable

Zip

34223

Country

Sarasota

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, DONNA
2960 S MCCALL RD
SUITE 210
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
501 S. Indiana Avenue, Suite A

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

TITLE	DCP	<input type="checkbox"/> Delete
NAME	SPEZIALI, DAVID	
STREET ADDRESS	221 LAUREL RD #135	
CITY-ST-ZIP	VOORHEES NJ 08043	
TITLE	DCV	<input type="checkbox"/> Delete
NAME	GREENWALD, LOUIS	
STREET ADDRESS	221 LAUREL RD #135	
CITY-ST-ZIP	VOORHEES NJ 08043	
TITLE	DS	<input type="checkbox"/> Delete
NAME	KUENY, BERNARD III	
STREET ADDRESS	221 LAUREL RD #135	
CITY-ST-ZIP	VOORHEES NJ 08043	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAWKINS, JOANNE	
STREET ADDRESS	221 LAUREL RD #135	
CITY-ST-ZIP	VOORHEES NJ 08043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

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	
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

JOANNE HAWKINS
TREASURER 1-19-00

Date

Daytime Phone #

(856) 770-0090