

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90102 048 ***150.00

DOCUMENT # G02923

1. Entity Name

M.J. PETER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1306 ROSE BLVD
 STE B
 ORLANDO FL 32839

1308 ROSE BLVD
 STE B
 ORLANDO FL 32839-3385
 US

2. Principal Place of Business

3. Mailing Address

SAME
 Suite, Apt. #, etc.

2301 Delmar Place
 Suite, Apt. #, etc.

City & State

City & State

FT. Lauderdale, FL

4. FEI Number

59-2239157

Applied For

Not Applicable

Zip

Country

Zip

Country

33301

USA

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

JAEGER, JAERG
217 E IVANHOE BLVD, N.
ORLANDO FL 32804

Name **Richard H. Goldstein, P.A.**

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

2500 First Union Financial Center

200 S. Biscayne Blvd. Suite 2500

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.

By: **Richard H. Goldstein, President**

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	☐ Delete
NAME	PETER, MICHAEL
STREET ADDRESS	6000 S RIO GRANDE AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	☐ Delete
NAME	PST
STREET ADDRESS	BOLES, LAIRD M.
CITY-ST-ZIP	6000 S. RIO GRANDE AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☒ Change ☐ Addition
NAME	2301 Delmar Place
STREET ADDRESS	FT. Lauderdale, FL
CITY-ST-ZIP	33301
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

Michael J. Peter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

407-856-9311

Daytime Phone #

CR2E034 (9/99)