

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G09844**

1. Entity Name

**FLORIDA REPORTING SERVICE, INC.**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90102 008 \*\*\*150.00

Principal Place of Business

320 SE 9TH ST.  
SUITE 5  
FT. LAUDERDALE FL 33316  
US

Mailing Address

320 S.E. 9TH ST.  
SUITE 5  
FT. LAUDERDALE FL 33316-1128  
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

**65-0088807**

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

**WALLACH, LAVELLE**

**320 S.E. 9TH ST.**

**SUITE 5** - *Delete*

**FT. LAUDERDALE FL 33316**

Name

**LAVELLE WALLACH**

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

**320 S.E. 9TH STREET**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33316**

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	DPS	<input type="checkbox"/> Delete
NAME	WALLACH, LAVELLE	
STREET ADDRESS	320 S.E. 9TH ST. SUITE 5	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALLACH, LAVELLE	
STREET ADDRESS	320 S.E. 9TH ST. SUITE 5	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAUSS, TANYA L.	
STREET ADDRESS	320 S.E. 9TH ST. SUITE 5	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V + D	<input type="checkbox"/> Delete
NAME	HARVEY J. WALLACH	
STREET ADDRESS	320 SE 9th ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	T + V	<input type="checkbox"/> Delete
NAME	HAUSS, TANYA L.	
STREET ADDRESS	320 SE 9 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33316	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33316	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CITY-ST-ZIP	33316	
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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:

*Lavella Wallach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00

954-389-1216

CR2E034 (9/99)