

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G26355

1. Entity Name

NORMAN FUNT, P.A.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90006 011 ***150.00

Principal Place of Business
757 N.W. 27TH AVENUE
C/O NORMAN FUNT. ESQ.
MIAMI FL 33125

Mailing Address
757 N.W. 27TH AVENUE
C/O NORMAN FUNT. ESQ.
MIAMI FL 33125-3012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2382994**
Applied For
Not Applicable

Zip Country

Zip Country

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

FUNT, NORMAN, ESQ.
757 N.W. 27TH AVENUE
MIAMI FL 33125

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 _____ (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	DP	<input type="checkbox"/> Delete
NAME	FUNT, NORMAN (EQS	
STREET ADDRESS	757 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
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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: NORMAN FUNT, President 4-5-2000 305-643-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)