## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # G69170** 1. Entity Name MARKOWITZ, DAVIS, RINGEL & TRUSTY, P.A. 01-29-2000 90033 032 \*\*\*150.00 Principal Place of Business Mailing Address 9130 S. DADELAND BLVD., SUITE 1225 9130 S. DADELAND BLVD.. SUITE 1225 MIAMI FL 33156-7850 MIAMI FL 33156-4849 STAIDO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2325782 Not Aprolin ...... Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RINGEL, THOMAS Street Address (P.O. Box Number is Not Acceptable) 9130 S. DADELAND BLVD., SUITE 1225 **MIAMI FL 33156** Zip Code F١ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ۷D ☐ Delete TITLE TITLE MARKOWITZ, JERRY M NAME NAME STREET ADDRESS STREET ADDRESS 9130 S DADELAND BLVD. CITY-ST-ZIP CITY-ST-7/P MIAMI FL ☐ Delete Change Addition TITLE NAME DAVIS, JOSEPH I JR STREET ADDRESS STREET ADDRESS 9130 S DADELAND BLVD. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition Delete TITLE RINGEL, THOMAS NAME 9130 S DADELAND BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME TRUSTY, CANDIS NAME STREET ADDRESS STREET ADDRESS 9130 S DADELAND BLVD CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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:** 

CITY-ST-ZIP

1-25-00

305-670*-*5000