

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90070 045 ***150.00

DOCUMENT # G89411

1. Entity Name
LEWIS A. DESARITZ, P.A.

Principal Place of Business 7770 WEST OAKLAND PARK BLVD. SUNRISE FL 33351	Mailing Address 7770 WEST OAKLAND PARK BLVD. SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7481 WEST OAKLAND PARK BLVD	3. Mailing Address 7481 W OAKLAND PARK BLVD
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Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301
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City & State LAUDERHILL FL	City & State LAUDERHILL FL
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4. FEI Number 59-2404116	Applied For <input type="checkbox"/> Not Applicable
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Zip 33319	Country BROWARD	Zip 33319	Country BROWARD
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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

**DESARITZ, LEWIS A.
 7770 WEST OAKLAND PARK BLVD.
 SUNRISE FL 33351**

Name	
Street Address (P.O. Box Number is Not Acceptable)	7481 WEST OAKLAND PARK BLVD
City	LAUDERHILL FL
Zip Code	33319

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PST	<input type="checkbox"/> Delete	TITLE DESARITZ, LEWIS A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESARITZ, LEWIS A.		NAME	
STREET ADDRESS 7770 W. OAKLAND PARK BLV		STREET ADDRESS 7481 W. OAKLAND PARK BLVD	
CITY-ST-ZIP SUNRISE FL		CITY-ST-ZIP LAUDERHILL FL 33319	
TITLE D	<input type="checkbox"/> Delete	TITLE DESARITZ, LEWIS A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DESARITZ, LEWIS A.		NAME	
STREET ADDRESS 7770 W. OAKLAND PARK BLV		STREET ADDRESS 7481 W. OAKLAND PARK BLVD	
CITY-ST-ZIP SUNRISE FL		CITY-ST-ZIP LAUDERHILL FL 33319	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 life empowered.

SIGNATURE: Lewis Desaritz **LEWIS DESARITZ** 2/15/01 954 742 6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)