

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # G94090**1. Entity Name
FABER & GITLITZ, P.A.**Principal Place of Business**

1570 MADRUGA AVE STE 300

CORAL GABLES

33146

FL

Mailing Address

1570 MADRUGA AVE STE 300

CORAL GABLES

33146

FL

2. Principal Place of Business

1570 MADRUGA AVE

3. Mailing Address

1570 MADRUGA AVE

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

CORAL GABLES

FL

City & State

CORAL GABLES

FL

Zip

33146

Country

Zip

33146

Country

4. FEI Number**59-2399522**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**GITLITZ STUART H**
1570 MADRUGA AVE STE 300

CORAL GABLES

33146

FL

US

7. Name and Address of New Registered Agent

Name

GITLITZ STUART H

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

1570 MADRUGA AVE

SUITE 300

City

CORAL GABLES

FLZip Code
33146

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 _____ **01/27/2001**

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, 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**

TITLE	PSDT	<input type="checkbox"/> Delete
NAME	GITLITZ, STUART H.	
STREET ADDRESS	1570 MADRUGA STE 300	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITLITZ STUART H	
STREET ADDRESS	1570 MADRUGA STE 300	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: STUART H. GITLITZ

PSDT

01/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)