

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H22468

1. Entity Name

JOSEPH S. SCHWARTZ COURT REPORTING, INC.

Principal Place of Business

C/O JOSEPH S. SCHWARTZ
19 W FLAGLER ST STE 1020
MIAMI FL 33130

Mailing Address

C/O HMPD
16100 NE 16TH AVE
N MIAMI BEACH FL 33162
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 59-2478449

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

SCHWARTZ, JOSEPH S.
~~19 W FLAGLER ST~~
~~STE 1020~~
MIAMI FL 33130

Name

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

City

Miami Shores

FL

Zip Code 33138

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

Joseph S. Schwartz

4/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SCHWARTZ, JOSEPH S.
STREET ADDRESS 19 W. FLAGLER ST - #1020
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 1304 NE 104 St
STREET ADDRESS MIAMI Shores FL 33138
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SCHWARTZ, LINDA
STREET ADDRESS 19 W. FLAGLER ST - #1020
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 1304 NE 104 St
STREET ADDRESS MIAMI Shores FL 33138
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Linda Schwartz Linda Schwartz

4/25/01

(305) 751-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)