

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90034 033 ***150.00

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
 Suite, Apt. #, etc.

3. Mailing Address
C/O HMPD
 Suite, Apt. #, etc.

City & State

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

SCHWARTZ, JOSEPH S.
1304 N 104TH STREET
MIAMI FL 33138

7. Name and Address of New Registered Agent

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 _____ **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, 2002 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	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, JOSEPH S. 1304 NE 104TH STREET MIAMI FL 33138
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, LINDA 1304 NE 104TH STREET MIAMI FL 33138
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 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: *Joseph S. Schwartz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 **305 7515505**
Date **Daytime Phone #**

CR2E034 (9/01)