

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90050 032 ***150.00

DOCUMENT # H27621

1. Entity Name

JACK PERLMUTTER, P.A.

Principal Place of Business

997 S WICKHAM ROAD
SUITE 2
MELBOURNE FL 32935-6862

Mailing Address

997 S WICKHAM ROAD
SUITE 2
MELBOURNE FL 32935-6862

909909



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Wickham

3. Mailing Address

Wickham

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2461092

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERLMUTTER, JACK
500-B N. HARBOR CITY BLVD
MELBOURNE FL 32935

Name Jack Perlmutter

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

997 S. Wickham Rd

Suite 2

City Melbourne FL

FL

Zip Code 32935-6862

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 Jack Perlmutter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/2000

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 \$450.00
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 PVS
NAME PERLMUTTER, JACK
STREET ADDRESS 563 A1A
CITY-ST-ZIP SATELLITE BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PERLMUTTER, JACK
STREET ADDRESS 563 A1A
CITY-ST-ZIP SATELLITE BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000

Date

321 7280990

Daytime Phone #

CR2E034 (10/00)