

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90145 026 ***150.00

DOCUMENT # H30455

1. Entity Name

ROBERT ULLMAN, P.A.

Principal Place of Business

% ROBERT ULLMAN
521 S. ANDREWS AVE.
FORT LAUDERDALE FL 33301

Mailing Address

% ROBERT ULLMAN
521 S. ANDREWS AVE.
FORT LAUDERDALE FL 33301-2852

2. Principal Place of Business

1329 SAN TROPEZ CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

1329 SAN TROPEZ CIRCLE
Suite, Apt. #, etc.

City & State
WESTON FL

Zip
33326

Country

City & State
WESTON FL

Zip
33326

Country

4. FEI Number 59-2480671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ULLMAN, ROBERT
521 SOUTH ANDREWS AVE
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name ROBERT ULLMAN

Street Address (P.O. Box Number is Not Acceptable)
1329 SAN TROPEZ CIRCLE

City WESTON FL Zip Code 33326

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2000

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 \$150.00
After MAY 1, 2000 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 DP
NAME ULLMAN, ROBERT
STREET ADDRESS 521 SO ANDREWS AVE #4
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE VS
NAME ULLMAN, ROBIN
STREET ADDRESS 521 SO ANDREWS AVE #4
CITY-ST-ZIP FT LAUDERDALE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Change Registered Agent to ROBERT ULLMAN as, INCORPORATED, 11 Box 7

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

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

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

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

Date

Daytime Phone #

CD000004 (0/0/00)