

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90096 049 \*\*\*150.00

DOCUMENT # H89893

1. Entity Name

JACOBS & STRAUS, P.A.

Principal Place of Business

Mailing Address

~~2424 N. FEDERAL HWY. SUITE 411~~  
~~BOCA RATON FL 33431~~

~~2424 N. FEDERAL HWY. SUITE 411~~  
~~BOCA RATON FL 33432-2616~~

2. Principal Place of Business

1098 NW Boca Raton Blvd

Suite, Apt. #, etc.

3. Mailing Address

1098 NW Boca Raton Blvd.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

59-2611849

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

JACOBS, PAUL  
2424 N. FEDERAL HWY 411  
BOCA RATON FL 33431

Name Paul Jacobs

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

1098 NW Boca Raton Blvd

City Boca Raton

FL

Zip Code 33432

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

*Paul Jacobs* PAUL JACOBS

3/30/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD<br>JACOBS, PAUL<br><del>2424 N. FEDERAL HIGHWAY, SUITE 411</del><br><del>BOCA RATON FL 33431</del>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>STRAUS, GERI S Q<br><del>2424 N. FEDERAL HIGHWAY, SUITE 411</del><br><del>BOCA RATON FL 33431</del> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|   |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1098 NW Boca Raton Blvd<br>Boca Raton, FL 33432 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1098 NW Boca Raton Blvd<br>Boca Raton, FL 33432 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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

*Paul Jacobs* PAUL JACOBS

3/30/00

Date

(561) 394-9099

Daytime Phone #

CR2E034 (9/99)