

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H94968

1. Entity Name

SCHANTZ, SCHATZMAN, AARONSON & PERLMAN, P.A.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90144 046 \*\*\*150.00

Principal Place of Business

Mailing Address

200 S BISCAYNE BLVD  
SUITE 1050  
MIAMI FL 33131-2394  
US

200 S BISCAYNE BLVD  
SUITE 1050  
MIAMI FL 33131-2329  
US

2. Principal Place of Business

3. Mailing Address

2601 South Bayshore Dr.  
Suite, Apt. #, etc.

2601 South Bayshore Dr.  
Suite, Apt. #, etc.

Suite 1600

Suite 1600

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country  
33133 USA

Zip Country  
33133 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2634231

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

SCHATZMAN, ROBERT A.  
200 SO. BISCAYNE BLVD  
SUITE 1050  
MIAMI FL 33131-2394

Name Schatzman Robert  
Street Address (P.O. Box Number is Not Acceptable)  
2601 South Bayshore Drive  
Suite 1600  
City Miami, FL Zip Code 33133

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

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 PD  
NAME SCHANTZ, LAWRENCE M.  
STREET ADDRESS 200 SO. BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD  
NAME Schantz, Lawrence M.  
STREET ADDRESS 2601 South Bayshore Dr., Ste 1600  
CITY-ST-ZIP Miami, FL 33133 ☒ Change ☐ Addition

TITLE VST  
NAME SCHATZMAN, ROBERT A.  
STREET ADDRESS 200 SO. BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VST  
NAME Schatzman, Robert A.  
STREET ADDRESS 2601 South Bayshore Dr., Ste. 1600  
CITY-ST-ZIP Miami, FL 33133 ☒ Change ☐ Addition

TITLE VD  
NAME AARONSON, GEOFFREY S.  
STREET ADDRESS 200 SO. BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD  
NAME Aaronson, Geoffrey S.  
STREET ADDRESS 2601 South Bayshore Dr., Ste 1600  
CITY-ST-ZIP Miami, FL 33133 ☒ Change ☐ Addition

TITLE D  
NAME SCHATZMAN, ROBERT A  
STREET ADDRESS 200 SO, BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D  
NAME Schatzman, Robert A.  
STREET ADDRESS 2601 South Bayshore Dr., Ste. 1600  
CITY-ST-ZIP Miami, FL 33133 ☒ 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

Date

Daytime Phone #

CR2E034 (9/99)