

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H94968

1. Entity Name
SCHANTZ, SCHATZMAN, AARONSON & PERLMAN, P.A.



Principal Place of Business
**2601 S BAYSHORE DR
SUITE 1600
MIAMI, FL 33133 US**

Mailing Address
**2601 S BAYSHORE DR
SUITE 1600
MIAMI, FL 33133 US**

FILED
04 JAN -9 PH 12:13
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01052004 No Chg-P CR2E034 (10/03)

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

**SCHATZMAN, ROBERT A.
2601 S BAYSHORE DR
SUITE 1600
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200027770582
01/29/04--01028--025 **150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHANTZ, LAWRENCE M.
STREET ADDRESS 2601 BAYSHORE DR STE 1600
CITY-ST-ZIP MIAMI, FL 33133

TITLE VST
NAME SCHATZMAN, ROBERT A.
STREET ADDRESS 2601 BAYSHORE DR STE 1600
CITY-ST-ZIP MIAMI, FL 33133

TITLE VD
NAME AARONSON, GEOFFREY S.
STREET ADDRESS 2601 BAYSHORE DR STE 1600
CITY-ST-ZIP MIAMI, FL 33133

TITLE D
NAME SCHATZMAN, ROBERT A
STREET ADDRESS 2601 BAYSHORE DR STE 1600
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

Lawrence M. Schantz President **1/5/04** **305-858-5555**
305-858-5555