

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J06674**

1. Entity Name

TESCHER CHAVES RUBIN & FORMAN, P.A.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90033 001 ***150.00

Principal Place of Business	Mailing Address
BOCA CORPORATE CENTER 2101 CORPORATE BLVD., STE. 107 BOCA RATON FL 33431-7343	BOCA CORPORATE CENTER 2101 CORPORATE BLVD., STE. 107 BOCA RATON FL 33431-7319

B0007650

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2703048	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**TESCHER, DONALD R.**
2101 CORPORATE BLVD STE 107
BOCA RATON FL 33431**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	TESCHER, DONALD R.	2101 CORPORATE BLVD STE 107	BOCA RATON FL 33431	<input type="checkbox"/>
VPD	FORMAN, PETER J.	2101 CORPORATE BLVD STE 107	BOCA RATON FL 33431	<input type="checkbox"/>
SD	CHAVES, ROBERT A.	2101 CORPORATE BLVD STE 107	BOCA RATON FL 33431	<input type="checkbox"/>
VPD	RUBIN, CHARLES D	2101 CORPORATE BLVD STE 107	BOCA RATON FL 33431	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #