

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91245

1. Entity Name

RENTAL LIABILITY MANAGEMENT, INC.

FILED

00 APR 20 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

110 S.E. 6TH STREET
20TH FLOOR
FORT LAUDERDALE FL 33301
US

110 S.E. 6TH STREET
20TH FLOOR
FORT LAUDERDALE FL 33301-5000
US

2. Principal Place of Business

200 S. Andrews Avenue

3. Mailing Address

200 S. Andrews Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11th Floor

11th Floor

City & State

Fort Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

59-2852741

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME HUDSON, HARRIS W
STREET ADDRESS 110 S.E. 6TH STREET, 20TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME 200003225422-7
STREET ADDRESS -04/26/00--01095--016
CITY-ST-ZIP ****150.00 ****150.00

TITLE VPS ☒ Delete
NAME COLE, JAMES O
STREET ADDRESS 110 S.E. 6TH STREET, 20TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE S ☐ Change ☐ Addition
NAME Schwartz, Howard D.
STREET ADDRESS 200 S. Andrews Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE T ☐ Delete
NAME HYLE, KATHLEEN
STREET ADDRESS 110 S.E. 6 STREET, 20 FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☒ Change ☐ Addition
NAME 200 S. Andrews Avenue
STREET ADDRESS Ft. Lauderdale, FL 33301
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Howard Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

4/17/00

954-320-4000

Date

Daytime Phone #

CR2E034 (9/99)