

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K15859

1. Entity Name

SHAPO, FREEDMAN & BLOOM, P.A.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90305 012 \*\*\*150.00

Principal Place of Business

200 S BISCAYNE BLVD  
4750  
MIAMI FL 33131

Mailing Address

200 S BISCAYNE BLVD 201 S. Biscayne Bl  
4750 30th FL.  
MIAMI FL 33131-2303 M.A.M.I., FL  
33131

2. Principal Place of Business

201 S BISCAYNE BLVD

3. Mailing Address

201 S BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 3000

City & State

MIAMI, FL

Zip

33131

Country

USA

Suite, Apt. #, etc.

SUITE 3000

City & State

MIAMI, FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0029423

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH FLORIDA RESIDENT AGENTS INC.  
200 S. BISCAYNE BLVD.  
SUITE 4750  
MIAMI FL 33131

Name

B+C Corporate Services, INC.

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

201 S. Biscayne Blvd.

30th FL.

City

M.A.M.I.

FL

Zip Code  
33131

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 DP  
NAME SHAPO, RONALD A.  
STREET ADDRESS 200 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 201 S. Biscayne Blvd, 30th FL  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV  
NAME BLOOM, LEONARD H  
STREET ADDRESS 200 S BISCAYNE BLVD STE 4750  
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS 201 S. Biscayne Blvd, 30th FL  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS  
NAME FREEDMAN, DAVID A.  
STREET ADDRESS 200 S BISCAYNE BLVD STE 4750  
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS 201 S. Biscayne Blvd, 30th FL  
CITY-ST-ZIP

☐ 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

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

RONALD A. SHAPO, PRESIDENT/DIRECTOR 305-373-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)