

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69945

1. Entity Name

MCINTOSH, SAWRAN, PELTZ & CARTAYA, P.A.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90097 026 ***150.00

Principal Place of Business

500 EAST BROWARD BLVD., #1800
BROWARD FINANCIAL CENTRE
FORT LAUDERDALE FL 33394

Mailing Address

500 EAST BROWARD BLVD., #1800
BROWARD FINANCIAL CENTRE
FORT LAUDERDALE FL 33394-3075

2. Principal Place of Business

1776 E. SUNRISE BLVD.

3. Mailing Address

PO BOX 7990

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE, FL.

4. FEI Number

65-0104521

Applied For

Not Applicable

Zip

Country

33304

USA

Zip

Country

33338-7990

USA

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

MC INTOSH, DOUGLAS M.
500 E. BROWARD BLVD., SUITE 1800
BROWARD FINANCIAL CENTRE
FORT LAUDERDALE FL 33394

Name

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

1776 E. SUNRISE BLVD.

City

FT. LAUDERDALE

FL

Zip Code

33304

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

Douglas M. McIntosh DOUGLAS M. MCINTOSH

3-28-00

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	<input type="checkbox"/> Delete
NAME	MC INTOSH, DOUGLAS M.	
STREET ADDRESS	12350 N.W. 12TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	SAWRAN, JAMES C.	
STREET ADDRESS	2817 NE 24 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1776 E. Sunrise Blvd. PO Box 7990	
CITY-ST-ZIP	FT. LAUDERDALE FL 33338-7990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Douglas M. McIntosh DOUGLAS M. MCINTOSH
President

Date

3-28-00

Daytime Phone #

954-765-1000

CR2E034 (9/99)