

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K88921

1. Entity Name

MYRA R. SCHWARTZ ASSOCIATES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90058 019 ***150.00

Principal Place of Business

1501 NW 1ST COURT
BOCA RATON FL 33432
US

Mailing Address

5851 CAMINO DEL SOL
#407
BOCA RATON FL 33433-6537
US

2. Principal Place of Business

1141 S. ROGERS CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 4

City & State

BOCA RATON FL

City & State

Zip
33487

Country

Zip

Country

4. FEI Number 65-0123568

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWARTZ, MYRA R.
5851 CAMINO DEL SOL
#407
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name SCHWARTZ MYRA R.

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

SAME

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 P ☐ Delete
NAME AVERY, MYRA S
STREET ADDRESS 5851 CAMINO DEL SOL, #407
CITY-ST-ZIP BOCA RATON FL 33433

TITLE S ☐ Delete
NAME BELKIN, LORI SCHWARTZ
STREET ADDRESS 19131 FOX LANDING DRIVE
CITY-ST-ZIP BOCA RATON FL 33434

TITLE TR ☐ Delete
NAME MARTIN, SHERYL
STREET ADDRESS 598 SW 15TH STREET
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Add
NAME SCHWARTZ, MYRA R.
STREET ADDRESS 5851 CAMINO DEL SOL, #407
CITY-ST-ZIP BOCA RATON FL 33433

TITLE S ☒ Change ☐ Add
NAME SHAPIRO, LORI
STREET ADDRESS 19131 FOX LANDINGS DR
CITY-ST-ZIP BOCA RATON FL 33434

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

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

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

TITLE ☐ Change ☐ Add
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:

Myra R. Schwartz

MYRA R. SCHWARTZ 1-6-00 561/443-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #