2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96380

1. Entity Name

SCOTT S. BRITAN, P.A.

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90063 001 ***150.00

Principal Place of Business	Mailing Address
97035 DIXIE HWY 2ND FL MIAMI FL 33156 US	97035 DIXIE HWY 2ND FL MIAMI FL 33156

2. Principal Place of Business: 1000 W PALMETTO PARK RD
Suite, Apt. #, etc.: #300
City & State: BOCA RATON FL
Zip: 33433 Country:

3. Mailing Address: 7000 W PALMETTO PARK RD
Suite, Apt. #, etc.: #300
City & State: BOCA RATON FL
Zip: 33433 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0136648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRITAN, SCOTT S ESQ
97035 DIXIE HWY
2ND FL
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: SCOTT S BRITAN
Street Address (P.O. Box Number is Not Acceptable): 7000 W PALMETTO PARK RD
#300
City: BOCA RATON FL Zip Code: 33433

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] 2/3/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD BRITAN, SCOTT S 97035 DIXIE HWY 2ND FL MAIMI FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRITAN, SCOTT S 7000 W PALMETTO PARK RD #300 BOCA RATON FL 33433	☑ 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
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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

CR2E034 (9/99)

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] SCOTT BRITAN 2/3/00 561-361-8622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #