

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L23462

1. Entity Name

LAWRENCE J. BERENFELD, C.P.A., P.A.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90050 032 ***150.00

Principal Place of Business

7700 N KENDALL DR
 STE 805
 MIAMI FL 33156
 US

Mailing Address

7700 N KENDALL DR
 STE 805
 MIAMI FL 33156-7697
 US

2. Principal Place of Business

6878 SW 89 TERRACE
 Suite, Apt. #, etc.

3. Mailing Address

6878 SW 89 TERRACE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0149539

Applied For

Not Applicable

Zip

33156

Country

DADE

Zip

33156

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERENFELD, LAWRENCE J.
 7700 N KENDALL DR.
 SUITE 805
 MIAMI FL 33156

6878 SW 89 TERRACE
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

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

TITLE	D.	<input type="checkbox"/> Delete
NAME	BERENFELD, LAWRENCE J.	
STREET ADDRESS	7700 N KENDALL DR., #805	
CITY-ST-ZIP	MIAMI-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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BERENFELD, LAWRENCE J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERENFELD, LAWRENCE J.	
STREET ADDRESS	6878 SW 89 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00 305-6618773

CR2E034 (9/99)