2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L90093

1. Entity Name

J. JEFFREY SCHATTNER, P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90083 045 ***150.00

Principal Place of Business	Mailing Address
17836 NE S AVE STE 114 MIAMI FL 33162 US	1600 SW 4 CT SRE 114 FT LAUD FL 33312-7525 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1600 SW 4 CT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL	City & State
Zip: 33312 / Country: USA	Zip / Country

4. FEI Number 65-0214324 ☐ Applied For ☐ Not Applicable

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
SCHATTNER, J J 17836 NE 5 AVE MIAMI FL 33162	Name: Street Address (P.O. Box Number is Not Acceptable): 1600 SW 4 CT City: FT LAUDERDALE FL Zip Code: 33312

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 X [signature] DATE 4/7/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DPST SCHATTNER, JONAS J 17836 NE 5 AVE MIAMI FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1600 SW 4 CT FT LAUDERDALE FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] J. JEFFREY SCHATTNER 3/30/00 (954) 462-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #