

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M19998

1. Entity Name

EDWARD J. SCHACK, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90002 033 ***150.00

702018



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6521 S.W. 145TH ST
MIAMI FL 33158
US

Mailing Address

6521 S.W. 145TH ST
MIAMI FL 33029-1250
US

2. Principal Place of Business

7954 Pines Blvd.

Suite, Apt. #, etc.

3. Mailing Address

7954 Pines Blvd.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Florida

City & State

Pembroke Pines, Florida

4. FEI Number

59-2570131

Applied For

Not Applicable

Zip

33024

Country

US

Zip

33024

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHACK, EDWARD J
6521 S.W. 145TH ST
MIAMI FL 33158

7. Name and Address of New Registered Agent

Name

Edward J. Schack

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

7954 Pines Blvd.

City

Pembroke Pines

FL

Zip Code

33024

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]

1/7/2000

(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	DP	<input type="checkbox"/> Delete
NAME	SCHACK, EDWARD J.	
STREET ADDRESS	6521 S.W. 145TH ST	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward J. Schack	
STREET ADDRESS	7954 Pines Blvd.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
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 #

[Signature] 1/7/2000 954 894-5656

CR2E034 (9/99)