

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24538

Entity Name

ROBERT E. ADELSON, P.A., CERTIFIED PUBLIC ACCOUNT

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90007 021 ***150.00

Principal Place of Business

N.W. 2ND AVE

BOCA RATON FL 33487

Mailing Address

6850 N.W. 2ND AVE

#26

BOCA RATON FL 33487-2334

Principal Place of Business

190 S.E. 5TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

190 S.E. 5TH AVENUE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FLORIDA

Zip

33483

Country

PAUL BEACH

City & State

DELRAY BEACH, FLORIDA

Zip

33483

Country

PAUL BEACH

4. FEI Number

59-2609823

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADELSON, ROBERT E.

6850 N.W. 2 AVE.

#26

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

ROBERT E. ADELSON

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

190 S.E. 5TH AVENUE

City

DELRAY BEACH

FL

Zip Code

33483

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

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DPTS ☐ Delete
ADELSON, ROBERT E.
6850 N.W. 2 AVE. #26
BOCA RATON FL

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

☐ Delete

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

☐ Delete

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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:

Robert E. Adelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-00

Date

361-772-1600

Daytime Phone #