Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90208 014 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

	UER AND LARCHE, P.A.		_		
Principal Place	e of Business	Mailing Address			
ONE BOCA PLACE. SUITE 319 ATRIUM 2255 GLADES ROAD BOCA RATON FL 33431-7383 ONE BOCA PLACE. SUITE 31 2255 GLADES ROAD BOCA RATON FL 33431-7383		9 ATRIUM	DO NOT WRITE IN TH	IIS SPACE	
		_		3. Date Incorporated or Qualifed 08/21/1987	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2837747	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	_	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	. 25	29 30	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
ecui	DOEDED MICHAEL A		81 Name		
SCHROEDER, MICHAEL A. ONE BOCA PLACE SUITE 319		82 Street Add	iress (P.O. Box Number is Not Acceptable)		
	GLADES ROAD		83	•	······································
BOC	A RATON FL 33431				las Zin Codo
			84  City		85 Zip Code
				•	_
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was autr	iorized by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the applications is a second of directors.	of changing its registered
office or re agent. I as	egistered agent, or both, in the State (	of Florida. Such change was autritions of, Section 607.0505, Florid	iorized by the corporati	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap- red when reinstating)	of changing its registered pointment as registered
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if thenged, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

☐ DELETE

Addition

Change