

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90817

1. Entity Name
GUTTER, JOSEPH & RUFFIN, P.A.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90159 032 ***150.00

Principal Place of Business
**100 W CYPRESS CREEK ROAD
STE 900
FT LAUDERDALE FL 33309
US**

Mailing Address
**100 W CYPRESS CREEK ROAD
STE 900
FT LAUDERDALE FL 33309
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0060844**

Applied For
Not Applicable

Zip Country

Zip Country

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

**JOSEPH, RICHARD A.
7503 APPALACHIAN LANE
PARKLAND FL 33067**

Name
Street Address (P.O. Box Number is Not Acceptable)
**100 W. Cypress Creek Road
Suite 900
Ft. Lauderdale, FL FL Zip Code 33309**

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, 2001 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 **D** ☐ Delete
NAME **JOSEPH, RICHARD A.**
STREET ADDRESS **7503 APPALACHIAN LANE**
CITY-ST-ZIP **PARKLAND FL**

☒ Change ☐ Addition
NAME
STREET ADDRESS **100 W. Cypress Creek Road, Suite 900**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE **D** ☐ Delete
NAME **GUTTER, MARVIN C**
STREET ADDRESS **3176 N 34TH ST**
CITY-ST-ZIP **HOLLYWOOD FL**

☒ Change ☐ Addition
NAME
STREET ADDRESS **100 W. Cypress Creek Road, Suite 900**
CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ 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 #

1/12/01 (954) 938-4555

CR2E034 (10/00)