

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013218

1. Entity Name
MARGARET BROENNIMAN, ESQ., P.A.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90179 011 ***150.00

Principal Place of Business

Mailing Address

~~317 S.W. 22ND STREET~~
~~FT. LAUDERDALE FL 33315~~

~~317 S.W. 22ND STREET~~
~~FT. LAUDERDALE FL 33315~~

2. Principal Place of Business

3. Mailing Address

1400 NE 14th St
Suite, Apt. #, etc.

1400 NE 14th St
Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

Zip

Country

Zip

Country

33304

33304

4. FEI Number

65-0993547

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

BROENNIMAN, MARGARET

~~317 S.W. 22ND STREET~~
~~FT. LAUDERDALE FL 33315~~

Name

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

1400 NE 14th St

City

Ft. Lauderdale

FL

Zip Code

33304

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 ☐ Delete
NAME Margaret Broenniman
STREET ADDRESS 1400 NE 14th St
CITY-ST-ZIP Ft. Lauderdale FL 33304

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ 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 #

3/15/2001

CR2E034 (10/00)