

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
 01-25-2001 90251 023 ***150.00

DOCUMENT # P00000030956

1. Entity Name

LAW OFFICES OF ALLEN S. KATZ, P.A.

Principal Place of Business

**777 BRICKELL AVENUE SUITE 1114
 MIAMI FL 33131**

Mailing Address

**777 BRICKELL AVENUE SUITE 1114
 MIAMI FL 33131**

2. Principal Place of Business

777 Brickell Avenue

Suite, Apt. #, etc.

Suite # 1210

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

777 Brickell Avenue

Suite, Apt. #, etc.

Suite # 1210

City & State

Miami, FL

Zip

33131

Country

USA

00000160



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0992375

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Name and Address of Current Registered Agent

**KATZ, ALLEN S ESQ
 777 BRICKELL AVENUE SUITE 1114
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

ALLEN S. KATZ, Esq.

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

777 Brickell Avenue

Suite # 1210

City

Miami

FL

Zip Code

33131

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, ALLEN S ESQ	
STREET ADDRESS	777 BRICKELL AVENUE SUITE 1114	
CITY-ST-ZIP	MIAMI FL 33131	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN S. KATZ, Esq	
STREET ADDRESS	777 Brickell Avenue, Suite 1210	
CITY-ST-ZIP	Miami, FL 33131	
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 #

CR2E034 (10/00)