

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90060 039 ***150.00

DOCUMENT # P00000045882

1. Entity Name
STUART M. GOLANT, P.A.

Principal Place of Business Mailing Address
~~2101 WEST COMMERCIAL BLVD. STE. 3300~~ ~~2101 WEST COMMERCIAL BLVD. STE. 3300~~
~~FT. LAUDERDALE FL 33309~~ ~~FT. LAUDERDALE FL 33309~~

2. Principal Place of Business 3. Mailing Address
440 E. Sample Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
202
 City & State City & State
Lighthouse Point FL
 Zip Country Zip Country
33064 USA 33064 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1054275** 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

GOLANT, STUART M
~~2101 WEST COMMERCIAL BLVD. STE. 3300~~
~~FT. LAUDERDALE FL 33309~~

Name **Stuart M. Golant**
 Street Address (P.O. Box Number is Not Acceptable)
440 EAST SAMPLE RD
 City **Lighthouse Pt.** FL Zip Code **33064**

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 **GOLANT, STUART M**
 STREET ADDRESS ~~2101 WEST COMMERCIAL BLVD. STE. 3300~~
 CITY-ST-ZIP ~~FT. LAUDERDALE FL 33309~~

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

TITLE ☐ Delete
 NAME **440 E. Sample Rd.**
 STREET ADDRESS **Suite 202**
 CITY-ST-ZIP **Lighthouse Pt. FL 33064**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 #

4/24/01 954 943 8444

CR2E034 (10/00)