

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90006 014 ***150.00

DOCUMENT # P00000066417

1. Entity Name

GARY GLUSMAN, P.A.

Principal Place of Business

100 S. PINE ISLAND ROAD
 SUITE 200
 PLANTATION FL 33324

Mailing Address

100 S. PINE ISLAND ROAD
 SUITE 200
 PLANTATION FL 33324

2. Principal Place of Business

110 S.E. 6th Street
 Suite, Apt. #, etc.
Suite 2450

3. Mailing Address

1501 E Oakknoll Circle
 Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33301

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-1023622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOTTENFELD, DAVID J ESQ.
7520 NW 5TH STREET
SUITE 203
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

GARY GLUSMAN PRES.

2-28-01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D GLUSMAN, GARY
100 S. PINE ISLAND ROAD, SUITE 200
PLANTATION FL 33324

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 CITY-ST-ZIP
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☐ Change ☐ Addition

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 an other life empowered.

SIGNATURE:

GARY GLUSMAN PRES.

2-28-01

954-370-0136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)