

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90025 044 ***150.00

DOCUMENT # P00000066455

1. Entity Name

STEVEN A. SCHAET, P.A.

The Law Office of
Steven A. Schaet, Esq.
424 S. Andrews Ave. Ste. 103
Ft. Lauderdale, FL 33316

Mailing Address

1915 SOUTHWEST 82ND AVENUE
DAVIE FL 33324

000107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1424 S. Andrews Ave.

3. Mailing Address

1424 S. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #103

Suite 103

City & State

City & State

Ft. Lauderdale FL

Ft. Lauderdale FL

Zip

Zip

33316

33316

Country

Country

USA

USA

4. FEI Number

65-1028257

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

SCHAET, STEVEN A
1915 SOUTHWEST 82ND AVENUE
DAVIE FL 33324

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

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 SCHAET, STEVEN A
STREET ADDRESS 1915 SOUTHWEST 82ND AVENUE
CITY-ST-ZIP DAVIE FL 33324

TITLE ☒ Change ☐ Addition
NAME 1424 S. Andrews Ave. Ste. 103
STREET ADDRESS Ft. Lauderdale, FL 33316
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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 #

CR2E034 (10/00)