

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90046 016 ***150.00

DOCUMENT # P00000117555

1. Entity Name

STEVEN M. SAMUELS, CPA, P.A.

Principal Place of Business

~~ONE SOUTHEAST THIRD AVENUE~~
~~TENTH FLOOR~~ **450 E. LAS OLAS BLVD.**
~~MIAMI FL 33131~~
STE 950
FT. LAUDERDALE, FL 33301

Mailing Address

~~ONE SOUTHEAST THIRD AVENUE~~
~~TENTH FLOOR~~ **SAME**
~~MIAMI FL 33131~~

2. Principal Place of Business

450 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

STE 950

City & State

FT. LAUDERDALE FL

Zip

33301

Country

BROWARD

3. Mailing Address

450 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

STE 950

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1060270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, MARC K CPA
ONE SOUTHEAST THIRD AVENUE
TENTH FLOOR
MIAMI FL 33131

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

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, 2002 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 ☐ Delete
NAME **D SAMUELS, STEVEN M**
STREET ADDRESS **ONE SOUTHEAST THIRD AVENUE TENTH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **450 E. LAS OLAS BLVD, STE 950**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

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

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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

1/10/02

954-728-2506

Daytime Phone #

CR2E034 (9/01)