

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-14-2003 90730 044 ***150.00

DOCUMENT # P02000111983

1. Entity Name
BARBARA L. SCHWARTZ P.A.



Principal Place of Business
~~5663 C FOX HOLLOW DRIVE~~
~~BOCA RATON FL 33486~~
13910 Crosspointe Ct
Palm Beach Gardens, Fla 33418

Mailing Address
~~5663 C FOX HOLLOW DRIVE~~
~~BOCA RATON FL 33486~~
Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

4. FEI Number
01-0751926

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~4040 SW 22ND ST.~~
~~4TH FLOOR~~
~~MIAMI FL 33145~~
Phil Scheter
9655 S. Dixie Hwy
Miami, Fla. 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SCHWARTZ, BARBARA L		STREET ADDRESS		
CITY-ST-ZIP	5663 C FOX HOLLOW DRIVE BOCA RATON FL 33486 <i>13910 Crosspointe Ct</i> <i>P.B. Gardens Ct</i> <i>33418</i>		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attorney with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/31/02 561-627-7063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)