

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010101

1. Entity Name

RICHARD M. HOPEN, P.A.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90009 036 ***150.00

Principal Place of Business

1776 N. PINE ISLAND ROAD
SUITE 208
FT. LAUDERDALE FL 33322
US

Mailing Address

1776 N. PINE ISLAND ROAD
SUITE 208
FT. LAUDERDALE FL 33322-5200
US

2. Principal Place of Business

2801 W Abiaca Cir

3. Mailing Address

2801 W. Abiaca Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

Zip

33328

Country

BLVD

Zip

33328

Country

BLVD

4. FEI Number

65-0378276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPEN, RICHARD
1776 N. PINE ISLAND ROAD
SUITE 208
FT. LAUDERDALE FL 33322

7. Name and Address of New Registered Agent

Name

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

2801 W Abiaca Cir

City

Davie

FL

Zip Code

33328

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

4/07/00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HOPEN, RICHARD M
STREET ADDRESS 1776 N. PINE ISLAND ROAD, #208
CITY-ST-ZIP FT. LAUDERDALE FL 33322

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2801 W Abiaca Circle
CITY-ST-ZIP Davie, FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/07/00

CR2E034 (9/99)