

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008696

1. Entity Name

THOMAS G. SCHULTZ, P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90110 015 ***150.00

Principal Place of Business
SCHULTZ CARTER
FERRELL, SCHULTZ, CARTER & FERTEL
201 S BISCAYNE BLVD #1920
MIAMI FL 33156

Mailing Address
SCHULTZ CARTER
FERRELL, SCHULTZ, CARTER & FERTEL
201 S BISCAYNE BLVD #1920
MIAMI FL 33131-4329

822636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 S Biscayne Blvd

3. Mailing Address
201 S Biscayne Blvd

Suite, Apt. #, etc.
34th Floor

Suite, Apt. #, etc.
34th Floor

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0386882**

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

SCHULTZ, THOMAS G
201 S BISCAYNE BLVD #1920 34th Floor
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)
201 S Biscayne Blvd, 34th Floor

City
Miami

FL

Zip Code
33131

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPTS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	SCHULTZ, THOMAS G	% 201 S. BISCAYNE BLVD., 22ND FLOOR	MIAMI FL							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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 #

3-12-00