

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021443

1. Entity Name

CYNTHIA L. SHERR, P.A.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90117 032 ***150.00

Principal Place of Business

Mailing Address

1940 HARRISON ST
SUITE 300
HOLLYWOOD FL 33020
US

1940 HARRISON ST
SUITE 300
HOLLYWOOD FL 33020-5073
US

2. Principal Place of Business

5346 SW 34 TER
Suite, Apt. #, etc.

3. Mailing Address

5346 SW 34 TER
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL	4. FEI Number 65-0396649	Applied For <input type="checkbox"/> Not Applicable
Zip 33312	Country BROWARD	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

SHERR, CYNTHIA L
1940 HARRISON STREET
SUITE 300
HOLLYWOOD FL 33020

Name

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

5346 SW 34 TER

City

FORT LAUDERDALE

FL

Zip Code

33312

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

CYNTHIA L SHERR

4/28/00

Signature typed or printed name of registered agent, etc. (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	DPST SHERR, CYNTHIA 1940 HARRISON ST, STE 300 HOLLYWOOD FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CYNTHIA L SHERR 5346 SW 34 TER FORT LAUD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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

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 #

CYNTHIA L SHERR 4/28/00 954-894 9961

CFR2E034 (9/99)