

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026578

1. Entity Name

SHERMAN LAW OFFICES, CHARTERED

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90087 012 ***150.00

Principal Place of Business

Mailing Address

~~2400 E. OAKLAND PARK BLVD.~~
~~FT. LAUDERDALE FL~~

~~2400 E. OAKLAND PARK BLVD.~~
~~FT. LAUDERDALE FL 33334 3656~~

2. Principal Place of Business

1000 CORPORATE DRIVE

3. Mailing Address

1000 CORPORATE DRIVE

Suite, Apt. #, etc.

Suite 310

Suite, Apt. #, etc.

Suite 310

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33334

Country

USA

Zip

33334

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0401545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, KIM D ESQ.

~~2400 E. OAKLAND PARK BLVD.~~
~~FT. LAUDERDALE FL~~

Name

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

1000 CORPORATE DRIVE
SUITE 310

Fort Lauderdale

FL

Zip Code

33334

7. Name and Address of New Registered Agent

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 KIM DOUGLAS SHERMAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-5-2000

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

TITLE **D** ☐ Delete
NAME SHERMAN, KIM D ESQ.
STREET ADDRESS ~~2400 E. OAKLAND PARK BLVD.~~
CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

TITLE **SHERMAN LAW OFFICES** ☐ Delete
NAME 1000 Corporate Dr. Ste 310
STREET ADDRESS Fort Lauderdale, FL 33334
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT DIRECTOR** ☒ Change ☐ Addition
NAME SHERMAN, KIM DOUGLAS, ESQ.
STREET ADDRESS 1000 CORPORATE DRIVE, SUITE 310
CITY-ST-ZIP Fort Lauderdale FL 33334

TITLE **SEC/TREAS/DIRECTOR** ☒ Change ☐ Addition
NAME SHERMAN, CRAIG B.
STREET ADDRESS 1000 CORPORATE DRIVE, SUITE 310
CITY-ST-ZIP Fort Lauderdale FL 33334

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

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

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)(l), 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: KIM DOUGLAS SHERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kim Douglas Sherman, President 1/5/2000

954-481-2500

CR2E034 (9/99)