2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045308

1. Entity Name

JEFFREY M. PERLOW & ASSOCIATES, P.A.

FILED May 09, 2000 8:00 am Secretary of State

05-09-2000 90080 033 ***150.00

						_	05-09-2000	90080 03	3 ***150	.00
Principal Place 1820 E HALLAN HALLANDALE FI	o of Business DALE BEACH BLVD 1 33009		Mailing Address 1820 E HALLANDALE, BEA HALLANDALE FL 33009-47	CH BLVD			र्थः । विकास स्थापना वृ	sk Majoria		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	DO NOT WRI	TE IN THIS S	PACE	
City & State			City & State			4. FEI Number 65-0420393 Applied For Not Applicable				
Zip Country			Zip . Country			5. Certificate of Status Desired Service Servi				
أسبرية	6. Name and Addres	se of Current Re	nistered Agent			7. Name an	d Address of New F	Registered A	gent	
	O. Haille and Addle.	aa or current ne	gisteres Agent	-	Name			<u></u>		
PERLOW, JEFFREY M					Street Address (P.O. Box Number is Not Acceptable)					
	E HALLANDALE BEA ANDALE FL 33009	CH BLVD		-						
					City			FL	Zip Code	9
8. The above	named entity submits thi	is statement for th	e purpose of changing it	ts registere	d office or registe	red agent, or bo	oth, in the State of Fl	orida. 4		
SIGNATURE	Signature, typed or printed name		00 - 4 15 14	TE Business	Agent signature require	d ubos reinstation		DATE		
	Signature, typed or printed name	or registered agent and	itte ir applicable. (NO	rit: Registeret	Agent signature required	d witers remistating)		DAIL		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to					will be \$550.00	l Tr	lection Campaign Fil rust Fund Contribution	· ,		O May Be to Fees
11.	0	FFICERS AND DI	L	12.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
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NAME	PERLOW, JEFFREY		NAME							
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13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(t). Forda Statutes: 1 forther 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 trusted employeed 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

4/28/00

505) 933 7000