

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000069323

1. Entity Name

MAURICE J. CONNELL, INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90032 015 \*\*\*150.00

Principal Place of Business

TWO OAKWOOD BLVD.  
SUITE 210  
HOLLYWOOD FL 33020

Mailing Address

TWO OAKWOOD BLVD.  
SUITE 210  
HOLLYWOOD FL 33020-1960

A0030886



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2455 HWD BLVD

3. Mailing Address

2455 HWD BLVD

Suite, Apt. #, etc.

# 209

Suite, Apt. #, etc.

# 209

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0445725

Applied For

Not Applicable

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

GIACIN, ROBERT A  
2131 HWD BLVD 102  
HOLLYWOOD FL 33020

Name

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

City

FL

Zip Code

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	CONNELL, MAURICE J	TWO OAKWOOD BLVD. SUITE 120 HOLLYWOOD FL 33020	<input checked="" type="checkbox"/>		P/S/T	CONNELL, MAURICE J	2455 HWD. BLVD #209 HOLLYWOOD, FL 33020	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

3/13/00

CR2E034 (9/99)