

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087936

1. Entity Name

LAW OFFICES OF RONALD S. ASNES A PROFESSIONAL AS

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

09-15-2000 90017 019 ***550.00

Principal Place of Business

433 PLAZA REAL
 #275
 BOCA RATON FL 33432
 US

Mailing Address

433 PLAZA REAL
 #275
 BOCA RATON FL 33432
 US

2. Principal Place of Business

400 S.W. Boca Raton Blvd

3. Mailing Address

400 S.W. Boca Raton Blvd

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0465833

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ASNES, RONALD S
 433 PLAZA REAL
 #275
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Ronald S. Asnes

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

400 S.W. Boca Raton Blvd.
 # 202

City

Boca Raton

FL

Zip Code

33432

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)

9/11/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	ASNES, RONALD S	
STREET ADDRESS	433 PLAZA REAL #275	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 S.W. Boca Raton Blvd.	
CITY-ST-ZIP	# 202 Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

Ronald S. Asnes, President 9/11/00

Date

Daytime Phone #

(561)
 362-5298

CR2E034 (5/00)