

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065814

1. Entity Name

WILLIAM M. PAVLOV, P.A., ATTORNEY AT LAW

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90859 034 ***150.00

Principal Place of Business

Mailing Address

633 NE 167TH ST.
SUITE 701
N. MIAMI BEACH FL 33162
US

633 NE 167TH ST.
SUITE 701
N. MIAMI BEACH FL 33162-2445
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WILLIAM M PAVLOV ESQ
1250 E HALLANDALE BLVD
SUITE 806
HALLANDALE FL 33009 U.S.

WILLIAM M PAVLOV ESQ
1250 E HALLANDALE BLVD
SUITE 806
HALLANDALE FL 33009 U.S.

Zip HALLANDALE FL 33009 U.S.

Zip HALLANDALE FL 33009 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

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

PAVLOV, WILLIAM M ESQ.
633 NE 167TH ST., SUITE 1112
N. MIAMI BEACH FL 33162

Name

WILLIAM M PAVLOV ESQ

Street Address 1250 E HALLANDALE BLVD

SUITE 806

HALLANDALE FL 33009

City

HALLANDALE

FL

Zip Code

33009

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 D
NAME PAVLOV, WILLIAM M
STREET ADDRESS 633 NE 167TH ST., SUITE 701
CITY-ST-ZIP N. MIAMI BEACH FL

☒ Delete

TITLE
NAME WILLIAM M PAVLOV ESQ
STREET ADDRESS 1250 E HALLANDALE BLVD
CITY-ST-ZIP SUITE 806
HALLANDALE FL 33009

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)