

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000068053

1. Entity Name

21ST CENTURY ELOQUENCE, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90125 014 ***150.00

Principal Place of Business

Mailing Address

205 WORTH AVENUE
SUITE 308-310
PALM BEACH FL 33480

205 WORTH AVENUE
SUITE 308-310
PALM BEACH FL 33480-4606

2. Principal Place of Business

3. Mailing Address

6782 BELVEDERE Blvd 6782 BELVEDERE Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH - FL

City & State
WEST PALM BEACH - FL

4. FEI Number 65-0521579

Applied For
Not Applicable

Zip, Country
33413-1016

Zip, Country
33413-1016

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

FISHMAN, ERIC S MD
205 WORTH AVENUE
SUITE 308-310
PALM BEACH FL 33480

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 D ☐ Delete
NAME FISHMAN, ERIC S MD
STREET ADDRESS 205 WORTH AVENUE, SUITE 308
CITY-ST-ZIP PALM BEACH FL 33480

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

ERIC S FISHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 (561) 935-4900

Date

Daytime Phone #

CR2F034 (9/99)