

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90009 034 ***158.75

DOCUMENT # P94000072257

1. Entity Name

THE LITIGATION CENTER, P.A.

Principal Place of Business

Mailing Address

**1330 CORAL WAY
#207
MIAMI FL 33145
US**

**1330 CORAL WAY
#207
MIAMI FL 33145
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0531794

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

**SCHWARTZ, JACQUELINE
3656 AVOCADO AVE
MIAMI FL 33133**

Name

VARNER, Christopher

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

2049 South Ocean Drive #E-510

Hallandale, FL

City

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

Christopher E. Varner **Christopher E. Varner, Vice President**

1/12/01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **P** ☐ Delete
NAME **SCHWARTZ, JACQUELINE**
STREET ADDRESS **3656 AVOCADO AVE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **Vice President, V** ☐ Change ☒ Addition
NAME **Christopher E. Varner**
STREET ADDRESS **2049 South Ocean Drive #E-510**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Christopher E. Varner **Christopher E. Varner**

1/12/01

(305) 858-1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

0183266