

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008935

1. Entity Name

SWERDLIN ASSOCIATES INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90076 021 ***150.00

Principal Place of Business

Mailing Address

AMTEC CENTER
6421 CONGRESS AVE. SUITE 207
BOCA RATON FL 33487-2859

AMTEC CENTER
6421 CONGRESS AVE. SUITE 207
BOCA RATON FL 33487-2859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0554464

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SWERDLIN, EDWARD
10675 STONEBRIDGE BLVD
BOCA RATON FL 33498

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME SWERDLIN, EDWARD M
STREET ADDRESS 6421 CONGRESS AVE. SUITE 207
CITY-ST-ZIP BOCA RATON FL

☐ Delete

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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:

Edward M. Swerdlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD M. SWERDLIN, PRESIDENT

Date

Daytime Phone #

01-03-00 561-994-5886

CR2E034 (9/99)