

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014802

1. Entity Name

WELIKOFF & BOSCHOWITZ, P.A.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90073 039 ***150.00

Principal Place of Business

10295 NW 46 ST.
#A
SUNRISE FL 33351
US

Mailing Address

P.O. BOX 450578
SUNRISE FL 33345-0578
US

2. Principal Place of Business

4955 N. University Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15A

City & State

LAUDERHILL, FL

City & State

Zip

33351

Country

USA

Zip

Country

4. FEI Number

65-0571257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSCHOWITZ, DAVID
5975 W. SUNRISE BLVD.
#115
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name
RONALD WELIKOFF
Street Address (P.O. Box Number is Not Acceptable)
4955 N. University Dr.
SUITE 15A
City LAUDERHILL FL Zip Code 33351

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

4/12/00

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

TITLE P
NAME BOSCHOWITZ, DAVID H
STREET ADDRESS PO BOX 450578
CITY-ST-ZIP SUNRISE FL 33345 ☐ Delete

TITLE D
NAME WELIKOFF, RONALD
STREET ADDRESS PO BOX 450578
CITY-ST-ZIP SUNRISE FL 33345 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

4/12/00 954-575-0107