

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000015317**

1. Entity Name

NEWMAN, SCHNEIDER, SANTOS AND STEMPEL, INC.

Principal Place of Business

1601 TOWN CENTER BLVD

WESTON
33326

FL

US

Mailing Address

4651 SHERIDAN STREET

STE. 400

HOLLYWOOD
33021

FL

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

65-0558195

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MARTUS JAY A**
4651 SHERIDAN STREET
STE. 400
HOLLYWOOD
33021 FL
US**7. Name and Address of New Registered Agent**

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)

04/27/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **VPS**
STREET ADDRESS **MARTUS JAY A**
CITY-ST-ZIP **4651 SHERIDAN STREET, STE. 400**
HOLLYWOOD FL 33021TITLE ☐ Delete
NAME **CEOD**
STREET ADDRESS **SCHUNDER MICHAEL**
CITY-ST-ZIP **4651 SHERIDAN STREET, STE. 400**
HOLLYWOOD FL 33021TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SCHNEIDER STEVEN**
CITY-ST-ZIP **4651 SHERIDAN STREET, STE. 400**
HOLLYWOOD FL 33021TITLE ☐ Delete
NAME **EVPD**
STREET ADDRESS **GOLD LEWIS**
CITY-ST-ZIP **4651 SHERIDAN STREET, STE. 400**
HOLLYWOOD FL 33021TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **EISENBERG MITCHELL**
CITY-ST-ZIP **4651 SHERIDAN STREET, STE. 400**
HOLLYWOOD FL 33021TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME **CFOD**
STREET ADDRESS **COWARD ROBERT**
CITY-ST-ZIP **4651 SHERIDAN STREET, STE. 400**
HOLLYWOOD FL 33021TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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

P. J. A. M. A. V. P. S.

VP/S

04/27/2000