

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000031117

1. Entity Name

GARY L. GERSTENFELD, CPA P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90054 032 ***150.00

Principal Place of Business

Mailing Address

1515 UNIVERSITY DRIVE ~~STE 210~~
STE 221
CORAL SPRINGS FL 33071

1515 UNIVERSITY DRIVE ~~STE 210~~
STE 221
CORAL SPRINGS FL 33071-6032

2. Principal Place of Business

3. Mailing Address

1515 University Drive
Suite, Apt. #, etc. Ste 221

1515 University Drive
Suite, Apt. #, etc. Ste 221



DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL
Zip 33071 Country USA

City & State
CORAL SPRINGS FL
Zip 33071 Country USA

4. FEI Number 65-0354186

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

GARY, L G
1515 UNIVERSITY DR
STE. 221
CORAL SPRINGS FL 33071

Name Gary L. Gerstenfeld
Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY Drive
Ste 221
City CORAL SPRINGS FL Zip Code 33071

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GERSTENFELD, GARY L	739 NW 105 DR	CORAL SPRINGS FL	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 #

CR2E034 (9/99)