

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90008 047 ***150.00

DOCUMENT # P95000070404
1. Entity Name
SALOMON & MITTELBERG, P.A.

Principal Place of Business
2417 UNIVERSITY DR.
CORAL SPRINGS FL 33065
Mailing Address
2417 UNIVERSITY DR.
CORAL SPRINGS FL 33065-5123

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip
Country
4. FEI Number
65-0625810
Applied For
Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MITTELBERG, BARRY S
2417 UNIVERSITY DRIVE
3RD FLOOR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name
2417 University Dr
Street Address (P.O. Box Number is Not Acceptable)
3rd Floor
Coral Springs, FL 33065
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]
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when re-registering)
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW UNFEES \$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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include SALOMON, SCOTT and MITTELBERG, BARRY.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows for additional officers/directors.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR 9/00/9/00