

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093719

1. Entity Name

LAW OFFICE OF MAURICE J. HALL, PROFESSIONAL ASSO

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90165 018 ***150.00

Principal Place of Business

1601 FORUM PLACE SUITE 600
STE 410
WEST PALM BEACH FL 33401
US

Mailing Address

1601 FORUM PLACE SUITE 600
STE 410
WEST PALM BEACH FL 33401-8106
US

2. Principal Place of Business

240 10th Street

3. Mailing Address

240 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

65-0620890

Applied For

Not Applicable

Zip

Country

33401

Palm Beach

Zip

Country

33401

Palm Beach

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

HALL, MAURICE J

1601 FORUM PLACE SUITE 600 240 10th Street

STE 410

WEST PALM BEACH FL 33401

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) ☐

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 DPST
NAME HALL, MAURICE J
STREET ADDRESS 1601 FORUM PL, STE 410
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE DPST
NAME Hall, maurice J.
STREET ADDRESS 240 10th Street
CITY-ST-ZIP West Palm Beach FL 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 partner 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 #

4/27/00 (561) 365-1099