2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P95000097142** GERALD J. STRAUSS, P.A. 01-29-2000 90129 030 ***150.00 Mailing Address Principal Place of Business 2625 N.E. 14TH AVE. 2625 N.E. 14TH AVE. FT. LAUDERDALE FL 33334-4303 FT. LAUDERDALE FL 33334 **DUU10271** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0635107 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRAUSS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 2625 N.E. 14TH AVE. FT. LAUDERDALE FL 33334 Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named of SIGNATURE (NOTE: Registered Agent signature required when reinstating) d name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDST TITLE Change Addition ☐ Delete TITLE STRAUSS, GERALD J NAME NAME 2625 N.E. 14TH AVE. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33334 CITY-ST-ZIP City-St-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Chande TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 of the empowered to execute this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment an address, with all

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SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: