

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90052 042 ***150.00

DOCUMENT # P96000002339

1. Entity Name

LENORE SCHILLER, P.A.

Principal Place of Business

Mailing Address

SUITE 1130, 500 EAST BROWARD BOULEVARD
 BROWARD FINANCIAL CENTRE
 FORT LAUDERDALE FL 33394

SUITE 1130, 500 EAST BROWARD BOULEVARD
 BROWARD FINANCIAL CENTRE
 FORT LAUDERDALE FL 33394-3077

2. Principal Place of Business

1550 MADRUGA AVENUE

3. Mailing Address

PO Box 144340

Suite, Apt. #, etc.

319

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

65-0637897

Applied For

Not Applicable

Zip

33146

Country

MIAMI-DADE

Zip

33114

Country

MIAMI-DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHILLER, LENORE
 SUITE 1130, 500 EAST BROWARD BOULEVARD
 BROWARD FINANCIAL CENTRE
 FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name **LENORE SCHILLER**
 Street Address (P.O. Box Number is Not Acceptable)
1550 MADRUGA AVE, #319
 City **CORAL GABLES FL** Zip Code **33146**

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 *Lenore Schiller* **PRESIDENT/REGISTERED AGENT** **28 JAN 2000**
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 Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/>
NAME	SCHILLER, LENORE	NAME	LENORE SCHILLER
STREET ADDRESS	SUITE 1130, 500 EAST BROWARD BOULEVARD	STREET ADDRESS	1550 MADRUGA AVE, #319
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lenore Schiller* **PRESIDENT** **28 JAN 2000** **305 740 5x**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LENORE SCHILLER



DO NOT WRITE IN THIS SPACE