

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90087 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000011110**

1. Entity Name

**HODKIN & OSTROW, P.A.**

Principal Place of Business

Mailing Address

1903 SOUTH CONGRESS AVE  
 STE 310  
 BOYNTON BCH FL 33426  
 US

1903 SOUTH CONGRESS AVE  
 STE 310  
 BOYNTON BCH FL 33426-6558  
 US

2. Principal Place of Business

3. Mailing Address

7900 Glades Road

7900 Glades Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

650

650

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33434 USA

33434 USA

4. FEI Number

65-0636512

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

HODKIN, MICHELE J  
 1903 SOUTH CONGRESS AVE  
 STE 310  
 BOYNTON BCH FL 33426

Name

Street Address (P.O. Box Number is Not Acceptable)

7900 Glades Road  
 Suite 650

City

Boca Raton FL

Zip Code

33434

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	D HODKIN, MICHELE J 1900 CORPORATE BLVD NW SUITE 301 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODKIN, MICHELE J 1903 SOUTH CONGRESS AVE STE 310 BOYNTON BCH FL 38426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director HODKIN, MICHELE J 7900 Glades Road Suite 650 Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer HODKIN, MICHELE J 7900 Glades Road Suite 650 Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Sec. JEFFREY M. OSTROW 350 LAS OLAS BOULEVARD, 1440 FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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

4/22/2000 561477-5755

Date

Daytime Phone #