

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000014914**

1. Entity Name

LORI SIMON SINGER, P.A.**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90019 025 ***150.00

Principal Place of Business

Mailing Address

**12059 82ND LANE NORTH
W PALM BEACH FL 33333****12059 82ND LANE NORTH
W PALM BEACH FL 33333**

2. Principal Place of Business

3. Mailing Address

6416 N.W. 56th St.**6416 N.W. 56th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Coral Springs FL.**Coral Springs FL.**

City & State

City & State

33067**FL.**

Zip

Country

33067**USA**

Zip

Country

33067**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULLIN, JAMES G
2263 N.W. BOCA RATON
#205
BOCA RATON FL 33431**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	Change	Addition
	D			<input type="checkbox"/>	<input type="checkbox"/>
	SINGER, LORI S				
	12059 82ND LANE NORTH				
	W PALM BEACH FL 33333				
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)