

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026952

1. Entity Name

FRIED & LUCERI, P.A.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90789 023 ***150.00

Principal Place of Business

Mailing Address

1975 EAST SUNRISE BLVD.

1975 EAST SUNRISE BLVD.

~~SUITE 604~~

~~SUITE 604~~

FT. LAUDERDALE FL 33304

FT. LAUDERDALE FL 33304-1453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 604

Suite, Apt. #, etc.

Suite 604

City & State

City & State

4. FEI Number

65-0656252

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRIED, MICHAEL R
 8244 WATERFORD AVE.
 TAMARAC FL 33321

Name

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

1975 E. Sunrise Blvd., Suite 604

City

Ft. Lauderdale

FL

Zip Code

33304

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

1/9/00

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 ☐ Delete
 NAME D
 STREET ADDRESS LUCERI, FRANK A
 CITY-ST-ZIP 3580 NE 31ST AVE
 LIGHTHOUSE POINT FL 33064

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 301 E ROYAL PALM RD, APT. 2E
 CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☐ Delete
 NAME D
 STREET ADDRESS FRIED, MICHAEL R
 CITY-ST-ZIP 8244 WATERFORD AVE.
 TAMARAC FL 33321

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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

4/27/00
 Date

954 522-0839
 Daytime Phone #

CR2E034 (9/99)