

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90222 018 ***150.00

DOCUMENT # P96000033171

1. Entity Name
GARRY B. SCHWARTZ, P.A.



Principal Place of Business

1221 BRICKELL AVE

SUITE 900

MIAMI FL 33131

Mailing Address

7540 SW 175 ST

MIAMI FL 33157

2. Principal Place of Business

4000 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 470

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

Zip

33146

Country

DADE

Zip

Country

4. FEI Number

65-0661805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, GARRY B

1320 SOUTH DIXIE HWY STE PH 1275

CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

4000 PONCE DE LEON BLVD. SUITE #470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 19, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SCHWARTZ, GARRY B**
STREET ADDRESS **1221 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4000 PONCE DE LEON BLVD #470**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GARRY B. SCHWARTZ, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 19, 2003

Date

Daytime Phone #

305/777-0321

CR2E034 (10/02)