

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90020 050 \*\*\*150.00

**DOCUMENT # P96000044022**

1. Entity Name

**MICHAEL A. SCHWARTZ, C.P.A., P.A.**

Principal Place of Business

Mailing Address

600 NORTH SHORE DRIVE  
 #515  
 MIAMI FL 33141  
 US

600 NORTH SHORE DRIVE  
 #515  
 MIAMI FL 33141-2434  
 US

608951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**600 NORTH SHORE DRIVE**

**600 NORTH SHORE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FL**  
**MIAMI**

City & State

**FL**  
**MIAMI**

4. FEI Number

**65-0671274**

Applied For

Not Applicable

Zip

**33141**

Country

**USA**

Zip

**33141**

Country

**USA**

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

SCHWARTZ, MICHAEL A CPA  
 2435 HOLLYWOOD BLVD  
 STE 204  
 HOLLYWOOD FL 33020

Name

**MICHAEL SCHWARTZ CPA**

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

**2514 HOLLYWOOD BLVD**

**STE 508**

City

**HOLLYWOOD**

**FL**

Zip Code

**33020**

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]* **MICHAEL SCHWARTZ CPA**

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

(NOTE: Registered Agent signature required when reinstating)

**01/12/00**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, MICHAEL</b>	
STREET ADDRESS	<b>600 NORTH SHORE DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33141</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, RISA F</b>	
STREET ADDRESS	<b>600 N SHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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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

*[Signature]*

**01/12/00 (954) 922-5885**

Date

Daytime Phone #