

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044022

1. Entity Name

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

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

02-01-2000 90020 050 ***150.00

Principal Place of Business

600 NORTH SHORE DRIVE
#515
MIAMI FL 33141
US

Mailing Address

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

2. Principal Place of Business

600 NORTH SHORE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

600 NORTH SHORE DRIVE

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

MIAMI

FL

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

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

7. Name and Address of New Registered Agent

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

TITLE P
NAME SCHWARTZ, MICHAEL
STREET ADDRESS 600 NORTH SHORE DRIVE
CITY-ST-ZIP MIAMI BCH FL 33141 ☐ Delete

TITLE VP
NAME SCHWARTZ, RISA F
STREET ADDRESS 600 N SHORE DR
CITY-ST-ZIP MIAMI BCH FL 33141 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Delete
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

01/12/00 (954) 922-5885

Date

Daytime Phone #