

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90014 021 \*\*\*150.00

**DOCUMENT # P96000064598**

1. Entity Name  
**VALERIE KIFFIN LEWIS, P.A.**

Principal Place of Business

1236 SE 4TH AVENUE  
 FT. LAUDERDALE FL 33316

Mailing Address

1236 SE 4TH AVENUE  
 FT. LAUDERDALE FL 33328-3835

2. Principal Place of Business

**4801 S. UNIVERSITY DRIVE**

3. Mailing Address

**4801 S. UNIVERSITY DRIVE**

Suite, Apt. #, etc.

**102**

Suite, Apt. #, etc.

**102**

City & State

**FT. LAUDERDALE, FL**

City & State

**FT. LAUDERDALE, FL**

Zip

**33328**

Country

**USA**

Zip

**33328**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0769337**

Applied For

Not Applicable

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

**LEWIS, VALERIE K**  
**1236 SE 4TH AVENUE**  
**FT. LAUDERDALE FL 33316**

Name

**VALERIE KIFFIN LEWIS**

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

**4801 S. UNIVERSITY DRIVE**

**SUITE 102**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33328**

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

*Valerie Kiffin Lewis, Director*

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.

**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  
**D**  
 NAME **LEWIS, VALERIE K**  
 STREET ADDRESS **305 SOUTH ANDREWS AVE. #701**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE  Change  Addition  
**D**  
 NAME **LEWIS, VALERIE KIFFIN**  
 STREET ADDRESS **4801 S. UNIVERSITY DRIVE, #102**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33328**

TITLE  Delete  
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TITLE  Change  Addition  
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 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:

*Valerie Kiffin Lewis, Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/00**

Date

**(954) 252-3400**

Daytime Phone #

CR2E034 (9/99)