

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90067 022 \*\*\*150.00

**DOCUMENT # P96000066552**

1. Entity Name  
**TODD R. SCHWARTZ, P.A.**



Principal Place of Business  
**66 WEST FLAGLER STREET  
SUITE 410  
MIAMI FL 33130**

Mailing Address  
**66 WEST FLAGLER STREET  
SUITE 410  
MIAMI FL 33130**



2. Principal Place of Business  
**1601 N. Palm Ave.**

3. Mailing Address  
**1601 N. Palm Ave.**

Suite, Apt. #, etc.  
**Suite 208**

Suite, Apt. #, etc.  
**Suite 208**

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip Country  
**33026 Broward**

Zip Country  
**33026 Broward**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0685352**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHWARTZ, TODD R  
66 WEST FLAGLER STREET  
SUITE 410  
MIAMI FL 33130**

**7. Name and Address of New Registered Agent**

Name  
**Schwartz, Todd R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1601 N. Palm Ave.**  
**Suite 208**  
City **Pembroke Pines, FL** **FL** Zip Code **33026**

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 *Todd R. Schwartz*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/03/03  
DATE

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHWARTZ, TODD R</b> <b>66 WEST FLAGLER ST. SUITE 410</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Schwartz, Todd R.</b> <b>1601 N. Palm Ave., #208</b> <b>Pembroke Pines, FL 33026</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Todd R. Schwartz* 2/3/03 954-4366880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)