

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072868

1. Entity Name

MITCHELL H. KATLER & ASSOCIATES, P.A.

Principal Place of Business

3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33060

Mailing Address

3700 COCONUT CREEK PARKWAY  
STE 100  
COCONUT CREEK FL 33328-5312  
US

2. Principal Place of Business

5400 S. UNIVERSITY DRIVE

3. Mailing Address

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 502

Suite, Apt. #, etc.

SUITE 502

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

USA

Zip

33328

Country

USA

4. FEI Number

65-0694766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL KATLER M  
3700 COCONUT CREEK PARKWAY  
STE. 100  
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

MITCHELL KATLER

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

5400 S. UNIVERSITY DRIVE SUITE 502

City

DAVIE

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

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.  
(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  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KATLER, MITCHELL H ESQ  
3700 COCONUT CREEK PARKWAY  
COCONUT CREEK FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MITCHELL KATLER  
5400 S. UNIVERSITY DR. SUITE 502  
DAVIE, FL 33328 ☒ Change ☐

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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

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

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90014 017 \*\*\*150.00

710784



DO NOT WRITE IN THIS SPACE

1-30-00