

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90308 015 ***150.00

DOCUMENT # P96000080467

1. Entity Name

RICHARD P. PRAVATO, P.A.

Principal Place of Business

621 S. FEDERAL HWY
 SUITE 2
 FT. LAUDERDALE FL 33301

Mailing Address

621 S. FEDERAL HWY
 SUITE 2
 FT. LAUDERDALE FL 33301-3146

802236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 S. Andrews Ave.

3. Mailing Address

2000 S. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fr. Lauderdale, FL

City & State

Fr. Lauderdale, FL

4. FEI Number

65-0696998

Applied For

Not Applicable

Zip

Country

33316

USA

Zip

Country

33316

USA

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

6. Name and Address of Current Registered Agent

PRAVATO, RICHARD
621 S. FEDERAL HWY
SUITE 2
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **Richard Pravato**

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

2000 S. Andrews Ave

City

Fr. Lauderdale

FL

Zip Code

33316

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

Richard Pravato

1-10-99

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	PD	<input type="checkbox"/> Delete
NAME	PRAVATO, RICHARD	
STREET ADDRESS	8016 SW 21 COURT	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARADISO, LISA	
STREET ADDRESS	8016 SW 21 ST COURT	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Pravato	
STREET ADDRESS	620 E. Plantation Circle	
CITY-ST-ZIP	Plantation, FL 33024	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Pravato	
STREET ADDRESS	620 E. Plantation Circle	
CITY-ST-ZIP	Plantation, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Richard Pravato
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00 (954) 522-5800

CR2E034 (9/99)