

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100998

1. Entity Name

LAW OFFICE OF DANIEL B. LAZAR, P.A.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90011 035 ***150.00

Principal Place of Business

3785 NW 82 AVE., STE. 315
MIAMI FL 33166

Mailing Address

3785 NW 82 AVE., STE. 315
MIAMI FL 33176-0938

2. Principal Place of Business

1110 North Kendall Dr

Suite, Apt. #, etc.

200

City & State

Miami

Zip
33176

Country

Dade

3. Mailing Address

1110 N. Kendall Dr

Suite, Apt. #, etc.

200

City & State

Miami

Zip
33176

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0726821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAZAR, DANIEL B

3785 NW 82 AVE., STE. 315

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

Daniel Lazar

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

1110 North Kendall Drive

#200

City

Miami

FL

Zip Code

33176

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAZAR, DANIEL B
3785 NW 82 AVE., STE. 315
MIAMI FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Daniel B Lazar ☒ Change ☐ Addition
1110 N. Kendall Drive #200
Miami, FL 33176

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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

Date

Daytime Phone #

CR2E034 (9/99)