

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003839

1. Entity Name

RICHARD R. MICHELSON, P.A.

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90020 018 ***150.00

Principal Place of Business

Mailing Address

7770 WEST OAKLAND PARK BLVD.
100
SUNRISE FL 33351

7770 WEST OAKLAND PARK BLVD.
100
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

2 SOUTH UNIVERSITY DRIVE

2 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

265

265

City & State

City & State

PLANTATION, FLORIDA

PLANTATION, FLORIDA

Zip

Country

Zip

Country

33324

BROWARD

33324

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHELSON, RICHARD R ESQUIRE
7770 WEST OAKLAND PARK BLVD.
100
SUNRISE FL 33351

Name

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

2 SOUTH UNIVERSITY DRIVE

SUITE 265

CITY PLANTATION

FL

Zip Code 33324

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, 2001 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 D
NAME MICHELSON, RICHARD R ESQUIRE
STREET ADDRESS 7101 WEST MCNAB ROAD, SUITE 200
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2 SOUTH UNIVERSITY DRIVE, SUITE 265
CITY-ST-ZIP PLANTATION, FLORIDA 33324 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 MICHELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (854) 476-3533
Date Daytime Phone #

CR2E034 (10/00)