

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006063

1. Entity Name

CHIKOVSKY, BEN & SCHAFFER, P.A.

Mailing Address

1720 HARRISON STREET
7TH FLOOR
HOLLYWOOD FL 33020-6829

3. Mailing Address

Suite, Apt. #, etc.

City & State:

Country

Country

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Carole Diamond		
STREET ADDRESS	1720 Harrison ST, 7th Floor		
CITY - ST - ZIP	Holly wood, FL 33020		

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

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

Carole Diamond Leary 2/15/2000 954-920-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLE DIAMOND

Date _____

Daytime Phone #

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

02-22-2000 90019 041 ***150.00

010415



DO NOT WRITE IN THIS SPACE