

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006974

1. Entity Name

ROBERT M. SAUNDERS, P.A.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90313 022 \*\*\*150.00

Principal Place of Business

2601 S. BAYSHORE DR  
SUITE 1775  
MIAMI FL 33133  
US

Mailing Address

2601 S. BAYSHORE DR  
SUITE 1775  
MIAMI FL 33326-7104  
US

2. Principal Place of Business

1300 Manor Court

3. Mailing Address

1300 Manor Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0722004

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, ROBERT M.  
2601 S. BAYSHORE DR  
SUITE 1775  
MIAMI FL 33133

Name

Robert M. Saunders

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

1300 Manor Court

City

Weston

FL

Zip Code

33326

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

Robert M. Saunders

4/29/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SAUNDERS, ROBERT M**  
STREET ADDRESS **2601 S. BAYSHORE DR, SUITE 1775**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **Director, President** ☒ Change ☐ Addition  
NAME **Robert M. Saunders**  
STREET ADDRESS **1300 Manor Court**  
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

Robert M. Saunders, President

4/29/00

954 349 5899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)