

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P97000011484****1. Entity Name**  
**STEVEN H. FELDMAN, P.A.**

Principal Place of Business	Mailing Address
COURTHOUSE SQUARE BUILDING 200 S.E. 6TH STREET #100E FORT LAUDERDALE FL 33301	COURTHOUSE SQUARE BUILDING 200 S.E. 6TH STREET #100E FORT LAUDERDALE FL 33301

2. Principal Place of Business	3. Mailing Address
10839 NASHVILLE DRIVE	10839 NASHVILLE DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
COOPER CITY FL	COOPER CITY FL

Zip	Country	Zip	Country
33026		33026	

4. FEI Number	Applied For
65-0730516	Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FELDMAN STEVEN H**  
**COURTHOUSE SQUARE BUILDING**  
**200 S.E. 6TH STREET #100E**  
**FORT LAUDERDALE FL 33301****7. Name and Address of New Registered Agent**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	Zip Code
FELDMAN STEVEN H	10839 NASHVILLE DRIVE	COOPER CITY FL	33026

**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** \_\_\_\_\_ **04/28/2000**  
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	PD	<input type="checkbox"/> Delete
NAME	FELDMAN STEVEN H.	
STREET ADDRESS	200 SE 6TH ST #100E	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELDMAN STEVEN H.		
STREET ADDRESS	10839 NASHVILLE DRIVE		
CITY-ST-ZIP	COOPER CITY FL 33026		

TITLE	<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
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"/> Delete
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"/> Delete
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** Steven H. Feldman

Proc. 04/28/2000