

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90271 004 ***150.00

DOCUMENT # P97000013113

1. Entity Name

~~TAMAR DUFFNER SHENDELL, P.A.~~

SHENDELL Miller & Shendell, P.A.

Principal Place of Business

3650 NORTH FEDERAL HWY
208 202
LIGHTHOUSE POINT FL 33064
US

Mailing Address

3650 NORTH FEDERAL HWY
208 202
LIGHTHOUSE POINT FL 33064
US

2. Principal Place of Business

3650 North Federal Hwy

Suite, Apt. #, etc.

202

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

FL

Zip

33064

Country

USA

Zip

Country

4. FEI Number

65-0735914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHENDELL, TAMAR
3650 N FEDERAL HWY
SUITE 208 202
LIGHTHOUSE PT FL 33064

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

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

TITLE D
NAME SHENDELL, TAMAR D ☐ Delete
STREET ADDRESS 4211 NE 26TH AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Shendell, Tamar D
STREET ADDRESS 3650 N Federal Hwy, #202
CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE ☐ Change ☒ Addition
NAME DIVIAN MILLER
STREET ADDRESS 3650 N. Federal Hwy, #202
CITY-ST-ZIP Lighthouse Point, FL 33064

TITLE ☐ Change ☒ Addition
NAME LARRY A. Shendell
STREET ADDRESS 3650 N. Federal Hwy, #202
CITY-ST-ZIP Lighthouse Point, FL 33064

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

TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)