

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015826

1. Entity Name

L.A. CHRISTOPHER & ASSOCIATES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90021 042 ***150.00

Principal Place of Business

Mailing Address

150 S.W. 134TH WAY #R214
PEMBROKE PINES FL 33173

150 S.W. 134TH WAY #R214
PEMBROKE PINES FL 33027-1655

7921 EXETER BLVD WEST
TAMARAC, FLORIDA, 33321

7921 EXETER BLVD WEST
TAMARAC, FL 33321

2. Principal Place of Business

3. Mailing Address

7921 EXETER BLVD WEST

Suite, Apt. #, etc.

City & State

City & State

TAMARAC

Zip
33321

Country
BROWARD

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

LEGAL SERVICE CORPORATION OF MIAMI
9260 SUNSET DRIVE, SUITE 119
MIAMI FL 33173

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

Nathan Gross

Pres.

3/20/00

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	<input type="checkbox"/> Delete
NAME	GROSS, NATHAN	
STREET ADDRESS	150 S.W. 134TH WAY #R214	
CITY-ST-ZIP	PEMBROKE PINES FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Gross

Date

Daytime Phone #

3/25/00 1-954-722-9826

CR2E034 (9/99)