

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90257 007 \*\*\*150.00

0606673

**DOCUMENT # P97000020272**

1. Entity Name

**BARRY H. SCHIFF & ASSOCIATES, INC.**

Principal Place of Business

**11703 ISLAND ROAD  
 COOPER CITY FL 33026**

Mailing Address

**11703 ISLAND ROAD  
 COOPER CITY FL 33026**

2. Principal Place of Business

**3205 Hunter Road**

Suite, Apt. #, etc.

3. Mailing Address

**3205 Hunter Road**

Suite, Apt. #, etc.

City & State

**Weston, FL**

Zip

**33331**

Country

**USA**

City & State

**Weston, FL**

Zip

**33331**

Country

**USA**

4. FEI Number

**65-0821902**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHIFF, BARRY H  
 11703 ISLAND ROAD  
 COOPER CITY FL 33026**

7. Name and Address of New Registered Agent

Name

**Same**

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

**3205 Hunter Road**

City

**Weston, FL**

FL

Zip Code

**33331**

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.

**Barry H. Schiff**

(NOTE: Registered Agent signature required when reinstating)

**2-15-01**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHIFF, BARRY H</b>	
STREET ADDRESS	<b>11703 ISLAND RD</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3205 Hunter Road</b>	
STREET ADDRESS	<b>Weston, FL 33331</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry H. Schiff**

Date

Daytime Phone #

**2-15-01 954-558-6000**

CR2E034 (10/00)