

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

pg 1 of 2

DOCUMENT # P97000020696

1. Entity Name

NEUFELD AND ASSOCIATES, P.A.

00 DEC 18 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20801 BISCAYNE BLVD
STE 451
AVENTURA FL 33180
US

Mailing Address

20801 BISCAYNE BLVD
SUITE 452
AVENTURA FL 33180

2. Principal Place of Business

2641 NE 207th St

3. Mailing Address

2641 NE 207th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

Aventura, FLA

City & State

Aventura, FLA

4. FEI Number

65-0734611

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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]

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	☐ Delete
NAME	NEUFELD, ALAN S	
STREET ADDRESS	20801 BISCAYNE BLVD STE 451	
CITY-ST-ZIP	AVENTURA FL 33180	
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		☐ 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		
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 another firm empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/00

Date

305-931-6666

Daytime Phone #

CR2E004 (5/00)

*Please Do NOT
Detach*

pg 2

Law Offices
ALAN S. NEUFELD & ASSOCIATES, P.A.

ALAN S. NEUFELD
HARVEY D. GINSBURG*
*Also admitted in Massachusetts
FELICIA A. MARTIN, PARALEGAL
JAY P. RAVEDE, LEGAL COORDINATOR

2641 NE 207 STREET
AVENTURA, FLORIDA 33180
Email: alanneuf@bellsouth.net

(305) 931-6666 (DADE)
(954) 523-8292 (BROWARD)
(305) 931-7848 (FAX)

November 14, 2000

Division of Corporations
Uniform Business Report Filing
Attn: Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find my corporate check for \$150.00 and my 2000 uniform business report. On Tuesday, November 14, 2000, I spoke to Tyrone of your office and advised him that I recently received this uniform business report. Specifically, it was mailed to my previous business address and not received by me until Friday, November 10, 2000. I was therefore unable to comply with your deadline for filing.

The purpose of this letter is to request that you :

1. Reinststate my corporation.
2. Waive any and all penalties associated thereto in light of the fact that this form was mailed to my previous address and just recently received.
3. Correct my corporate name to read as Alan S. Neufeld, & Associates, P.A., as opposed to the one you have on the form which is listed as Neufeld & Associates, P.A.

Very truly yours,



ALAN S. NEUFELD

ASN: cb
Enclosures