

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041607

1. Entity Name
STOLZENBERG, GELLES & ZILBER, P.A.

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90037 029 ***150.00

Principal Place of Business

Mailing Address

2950 SW 27TH AVE
SUITE 210
MIAMI FL 33133

2950 SW 27TH AVE
SUITE 210
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

1101 Brickell Ave

1101 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1400

1400

City & State

Miami FL

City & State

Miami FL

Zip

Country

33131

USA

Zip

Country

33131

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOLZENBERG, KEITH H
2950 SW 27TH AVE
SUITE 210
MIAMI FL 33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS STOLZENBERG, KEITH H
CITY-ST-ZIP 2950 SW 27TH AVE STE 210
MIAMI FL 33133

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GELLES, JARED
CITY-ST-ZIP 2950 SW 27TH AVE STE 210
MIAMI FL 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (10/00)