

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
 05-05-2000 90025 038 ***150.00

DOCUMENT # P97000057010

1. Entity Name
SHERWIN ROSS, P.A.

Principal Place of Business Mailing Address
3043 GRAND AVE., PH II **3043 GRAND AVE., PH II**
FL 33133 **MIAMI FL 33133-5145**

2. Principal Place of Business 3. Mailing Address
2250 S. Dixie Hwy., **2250 S. Dixie Hwy.,**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
3B **3B**
 City & State City & State
Miami, FL 33133 **Miami, FL 33133**
 Zip Country Zip Country
33133 **DADE** **33133** **DADE**

4. FEI Number **65-0763496** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSS, SHERWIN
3043 GRAND AVENUE, PH2
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name **ROSS, SHERWIN**
 Street Address (P.O. Box Number is Not Acceptable); **2250 S. DIXIE HWY., S-3B**
 City **MIAMI** **FL** Zip Code **33133**

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 *Sherwin Ross* DATE **4/15/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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	PS	<input type="checkbox"/> Delete		TITLE	PS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, SHERWIN			NAME	ROSS, SHERWIN		
STREET ADDRESS	3043 GRAND AVE., PH II			STREET ADDRESS	2250 S. DIXIE HWY., S-3B		
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP	MIAMI, FL 33133		
TITLE	VPTD	<input type="checkbox"/> Delete		TITLE	VPTD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FISHER/ROSS, SANDRA			NAME	FISHER/ROSS, SANDRA		
STREET ADDRESS	3043 GRAND AVE PH #2			STREET ADDRESS	2250 S. DIXIE HWY., S-3B		
CITY-ST-ZIP	MIAMI FL 33133			CITY-ST-ZIP	MIAMI, FL 33133		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(l), 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: *Sherwin Ross* **4/15/00** **305 8565399**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)