

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059616

1. Entity Name

SLUTZKIN & ASSOCIATES, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 041 ***150.00

Principal Place of Business

715 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33424-3689

Mailing Address

P O BOX 3689
BOYNTON BEACH FL 33424-3689
US

2. Principal Place of Business

5912 "B" Via Delray
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0410653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SLUTZKIN, NORMA

715 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33426
Delray Beach, FL 33484

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 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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SLUTZKIN, ROBERT B	
STREET ADDRESS	715 W BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLUTZKIN, NORMA R	
STREET ADDRESS	715 W BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

April 24, 2000

Date

Daytime Phone #

561-495-
0802

CR2E034 (9/99)