

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90145 013 ***150.00

DOCUMENT # P97000084465

1. Entity Name

JUDITH JACKSON CHORLOG, P.A.

Principal Place of Business

10940 SW 124TH STREET
MIAMI FL 33176

Mailing Address

12062 SW 117 CT
SUITE 139
MIAMI FL 33186
US

80047598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7300 N. Kendall Dr.

3. Mailing Address

7300 N. Kendall Dr.

Suite, Apt. #, etc.

Suite 510

Suite, Apt. #, etc.

Suite 510

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0786942

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHORLOG, JUDITH J
10940 SW 124TH STREET
MIAMI FL 33176

Name

Chorlog, Judith J

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

7300 N Kendall Drive

Suite 510

City

Miami

FL

Zip Code

33156

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 Judith J Chorlog

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CHORLOG, JUDITH J ☐ Delete
STREET ADDRESS 10940 SW 124TH STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☒ Change ☐ Addition
NAME Chorlog, Judith J
STREET ADDRESS 7300 N. Kendall Dr. Suite 510
CITY-ST-ZIP Miami FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith J Chorlog

4/24/01

Date

305 670 8787

Daytime Phone #

CR2E034 (10/00)