

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090654

1. Entity Name

LAW OFFICES OF JUDD A. ZEBERSKY, P.A.

FILED

Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90015 028 ***150.00

Principal Place of Business

100 S. PINE ISLAND ROAD
SUITE 104
PLANTATION FL 33324

Mailing Address

100 S. PINE ISLAND ROAD
SUITE 104
PLANTATION FL 33351-8746

2. Principal Place of Business

7770 W. OAKLAND PARK BLVD
Suite, Apt. #, etc. 480

3. Mailing Address

7770 W. OAKLAND PARK BLVD
Suite, Apt. #, etc. 480



DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FEI Number

65-0791189

Applied For

Not Applicable

Zip

33351

Country

Zip

33351

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZEBERSKY, JUDD A
100 SOUTH PINE ISLAND ROAD
SUITE 104
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

8751 WEST BROADWAY BLVD
#408

City

PLANTATION

FL

Zip Code

33324

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	STP	<input type="checkbox"/> Delete
NAME	ZEBERSKY, JUDD A	
STREET ADDRESS	100 SOUTH PINE ISLAND ROAD #104	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7770 W. OAKLAND PARK BLVD #480	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judd A. Zebersky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000

Date

954-748-0700

Daytime Phone #

CR2E034 (9/99)