

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002544

1. Entity Name

NADINE BELLOWS, C.P.A., P.A.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-13-2000 90020 007 ***150.00

Principal Place of Business

Mailing Address

7880 N UNIVERSITY DRIVE SUITE 100
TAMARAC FL 333217880 N UNIVERSITY DRIVE SUITE 100
TAMARAC FL 33321-2124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0804414

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

FROUG, NADINE B
 7880 N UNIVERSITY DRIVE SUITE 100
 TAMARAC FL 33321

Name
NADINE BelloWS
 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 reappointing)

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**
 NAME **BELLOWS, NADINE**
 STREET ADDRESS **7880 N UNIVERSITY DRIVE SUITE 100**
 CITY-ST-ZIP **TAMARAC FL 33321**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Nadine Bellows
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

954-726-3660

Daytime Phone

CR2E034 (9/99)