

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010822

1. Entity Name

LAW OFFICES OF MARY T. SZELUGA, PROFESSIONAL ASS

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90065 032 ***150.00

Principal Place of Business

2727 E OAKLAND PARK BLVD
STE 103
FORT LAUDERDALE FL 33306
US

Mailing Address

6445 BAY CLUB DRIVE
SUITE 2
FORT LAUDERDALE FL 33308-1739

2. Principal Place of Business

3531 Griffin Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Zip

33312

Country

USA

Country

4. FEI Number

65-0809373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SZELUGA, MARY T
2727 E OAKLAND PARK BLVD
STE 103
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

MARY T. Szeluga, Esq

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

3531 Griffin Road

City

Fort Lauderdale FL

Zip Code

33312

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

Mary T. Szeluga

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SZELUGA, MARY T
2727 E OAKLAND PARK BLVD #103
FORT LAUDERDALE FL 33306

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3531 Griffin Road
Fort Lauderdale FL 33312

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

954374-9000

CR2E034 (9/99)