

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010822

1. Entity Name

LAW OFFICES OF MARY T. SZELUGA, PROFESSIONAL ASS

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90049 017 ***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

D0035835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3531 Griffin Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

4. FEI Number

65-0809373

Applied For

Not Applicable

Zip

33302

Country

USA

Zip

Country

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

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

Name

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/9/01
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 ☐ Delete
NAME D
STREET ADDRESS SZELUGA, MARY T
CITY-ST-ZIP 2727 E OAKLAND PARK BLVD #103
FORT LAUDERDALE FL 33306

TITLE ☒ Change ☐ Addition
NAME 3531 Griffin Road
STREET ADDRESS Fort Lauderdale, FL 33312
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mary T. Szeluga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01
Date

9543744700
Daytime Phone #

CR2E034 (10/00)