

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/2:

FILED

Jun 21, 2000 8:00 am  
Secretary of State

05-22-2000 90082 017 \*\*\*150.00

DOCUMENT # P98000022468

1. Entity Name

BOOKKEEPERS CENTRAL, INC.

Principal Place of Business

161 COLLINS AVENUE  
MIAMI BEACH FL 33139  
US

Mailing Address

C/O BERMAN-WOLFE & RENNERT-PA  
100 SE 2ND ST. INT'L PLACE 35TH FLOOR  
MIAMI FL 33131-2130

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

100 Collins Ave.

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

Zip

33139

Country

USA

4. FEI Number

65-0849221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Berman Wolfe Rennert Vogel & Mandler, PA  
VOGEL, HOWARD J ESQ  
35TH FLOOR, INTERNATIONAL PLACE  
100 SOUTHEAST SECOND STREET  
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

Name

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.

Howard J Vogel, Esq.

(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	D	<input checked="" type="checkbox"/> Delete
NAME	CHEFETZ, MYLES	
STREET ADDRESS	100 SE 2ND ST., 35TH FLOOR, C/O H. VOGEL	
CITY-ST-ZIP	MIAMI FL 33131-2130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, MICHAEL	
STREET ADDRESS	100 SE 2ND ST., 35TH FLOOR, C/O H. VOGEL	
CITY-ST-ZIP	MIAMI FL 33131-2130	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chefetz, Myles	
STREET ADDRESS	100 Collins Ave.	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwartz, Michael	
STREET ADDRESS	100 Collins Ave.	
CITY-ST-ZIP	Miami Beach, Florida 33139	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)