

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026452

1. Entity Name

ROBERT J. SMALL, C.P.A., P.A.

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

05-07-2000 90026 009 ***150.00

Principal Place of Business

100 SOUTH PINE ISLAND RD
 SUITE 114
 PLANTATION FL 33324

Mailing Address

100 SOUTH PINE ISLAND RD
 SUITE 114
 PLANTATION FL 33324-2614

2. Principal Place of Business

7481 W. OAKLAND PARK BLVD

3. Mailing Address

7481 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

4. FEI Number

65-0819806

Applied For

Not Applicable

Zip

33319

Country

BROWARD

Zip

33319

Country

BROWARD

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

SMALL, ROBERT J
 100 SOUTH PINE ISLAND RD
 SUITE 114
 PLANTATION FL 33324

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D **PRESIDENT** ☐ Delete
 NAME SMALL, ROBERT J
 STREET ADDRESS 100 SOUTH PINE ISLAND RD, #114
 CITY-ST-ZIP PLANTATION FL 33324

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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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: Robert J. Small Robert J. Small 4/25/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)