

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026817

1. Entity Name

CHRISTOPHER M. TRAPANI, P.A.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90061 017 ***150.00

Principal Place of Business

Mailing Address

~~200 EAST LAS OLAS BLVD. #1800~~
~~FORT LAUDERDALE FL 33301~~

~~200 EAST LAS OLAS BLVD. #1800~~
~~FORT LAUDERDALE FL 33301~~

2. Principal Place of Business

3. Mailing Address

1801 N. Military Trail
Suite, Apt. #, etc.
Suite 200

1801 N. Military Trail
Suite, Apt. #, etc.
Suite 200

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33431

County
Palm Beach

Zip
33431

County
Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841759

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

TRAPANI, CHRISTOPHER M
~~200 EAST LAS OLAS BLVD. #1800~~
~~FORT LAUDERDALE FL 33301~~

Name
Street Address (P.O. Box Number is Not Acceptable)
1801 N. Military Trail
Suite 200
City Boca Raton FL Zip Code 33428

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, 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 D
NAME TRAPANI, CHRISTOPHER M
STREET ADDRESS 200 EAST LAS OLAS BLVD. #1800
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME 1801 N. Military Trail
STREET ADDRESS Suite 200
CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Christopher M. Trapani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/01 561/394-0500
Date Daytime Phone #

0241908

CR2E034 (10/00)