

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034138

1. Entity Name

DEBRA L. ZELMAN, P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90074 026 ***150.00

Principal Place of Business

Mailing Address

PO BOX 550893
FORT LAUDERDALE FL 33355

PO BOX 550893
FORT LAUDERDALE FL 33355-0893



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0832338

Applied For

Not Applicable

Zip

Country

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

ZELMAN, DEBRA L ESQ.
6301 HURON TERR
DAVIE FL 33331

Name

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

10400 South Lake Vista Circle

City

Davie

FL

Zip Code

33328

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

Debra L. Zelman
Debra L. Zelman

(NOTE: Registered Agent signature required when reinstating)

1/5/00
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 ☐ Delete
NAME D
STREET ADDRESS ZELMAN, DEBRA L ESQ.
CITY-ST-ZIP PO BOX 550893 N/A
FORT LAUDERDALE FL 33355

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Debra L. Zelman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Debra L. Zelman

1/5/00 954-236-9144
Date Daytime Phone #

CR2E034 (9/99)