

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054673

1. Entity Name

LAW OFFICES OF MARTIN SCHWARTZ IMMIGRATION AND C

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90271 026 ***150.00

Principal Place of Business

3816W LINE BAUGH AVE
401
TAMPA FL 33624

Mailing Address

3816W LINE BAUGH AVE
401
TAMPA FL 33624-4900

2. Principal Place of Business

3816W Linebaugh Ave.
Suite, Apt. #, etc.
#401 TAMPA, FL 33624

3. Mailing Address

3816 W Linebaugh Ave
Suite, Apt. #, etc.
#401 TAMPA FL 33624

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33624 USA

Zip

33624 USA

Country

USA

6. Name and Address of Current Registered Agent

SCHWARTZ, MARTIN B
3816 W LINEBAUGH AVE
STE 401
TAMPA FL 33624

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.

(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
NAME SCHWARTZ, MARTIN B
STREET ADDRESS 11314 GLENMONT DR B
CITY-ST-ZIP TAMPA FL 33635

TITLE
NAME 11314 Glenmont Dr.
STREET ADDRESS
CITY-ST-ZIP TAMPA, FL 33635

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)