FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

SIGNATURE:

## Sep 17, 2001 8:00 am Secretary of State DOCUMENT # P98000054673 1. Entity Name LAW OFFICES OF MARTIN SCHWARTZ IMMIGRATION AND CIVIL 09-17-2001 90150 038 \*\*\*150.00 AW, P.A. Principal Place of Business Mailing Address 3816W LINE BAUCH AVE 3816W LINE BAUCH AVE £401 #401 TAMPA FL 33624 TAMPA FL 33624 US US 3, Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3518340 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, MARTIN B Street Address (P.O. Box Number is Not Acceptable) 3816 W LINEBAUGH AVE **STE 401 TAMPA FL 33624** City 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Addition NAME SCHWARTZ MARTIN B NAME STREET ADDRESS 11314 CHENMONT DR STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

## Law Offices of Martin B. Schwartz

Immigration and Civil Law P.A.

D980000 5-4672 Office: (813) 269-7421

3816 W. Linebaugh Ave., Suite #401

Tampa, FL 33624 Fax: (813) 269-7562

September 11, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

2001 Uniform Business Report

## Dear Sir/Madam:

With regard to the 2001 Uniform Business Report, please be advised that an earlier report had never been received by this office. It appears that the address you have on file is wrong, and this is the reason why the report was never delivered. I am herein enclosing a copy showing that the address you had on file was the wrong address.

Therefore, I hereby request that you waive any late payment fee this matter may involve.

Should you need additional information, please do not hesitate to contact me. Thank you for your anticipated cooperation in this matter.

Very truly yours,

MARTIN B. SCHWARTZ, ESQ.

MBS:jc Enclosure