

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061286

1. Entity Name

JOEL BERNSTEIN, ESQ., P.A.

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD  
604  
MIAMI FL 33181

11900 BISCAYNE BLVD  
604  
MIAMI FL 33181-2734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, JOEL ESQ  
11900 BISCAYNE BLVD  
STE 604  
MIAMI FL 33181

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
BERNSTEIN, JOEL  
11900 BISCAYNE BLVD STE 604  
MIAMI FL 33181

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐

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 #

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90022 011 \*\*\*150.00

00000640



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0852616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required