

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062962

1. Entity Name

VINCENT J. PRAVATO, P.A.

Principal Place of Business

2000 S. ANDREWS AVE  
FT LAUDERDALE FL 33316  
US

Mailing Address

621 S FEDERAL HWY #2  
FT LAUDERDALE FL 33301-3146

2. Principal Place of Business

3. Mailing Address

2000 S Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Ft Lauderdale FL

Zip

Country

Zip  
33316

Country

Broward

4. FEI Number

65-0905578

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

PRAVATO, RICHARD  
621 S FEDERAL HWY #2  
FT LAUDERDALE FL 33324

Name

Vincent J. Pravato

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

2000 South Andrews Ave

City

Ft. Lauderdale

FL

Zip Code

33316

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/2000

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  
PRAVATO, VINCENT  
621 S FEDERAL HWY #2  
FT LAUDERDALE FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

(954) 522-5800  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)