

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069513

1. Entity Name

SHELOWITZ & SHELOWITZ, P.A.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90111 004 ***150.00

Principal Place of Business

10 FAIRWAY DRIVE .
STE #220
DEERFIELD BEACH FL 33441

Mailing Address

10 FAIRWAY DRIVE .
STE #220
DEERFIELD BEACH FL 33441-1802

A0013947



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1895 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite 135

3. Mailing Address

1895 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite 135

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

52-2113272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELOWITZ, MARC A
10 FAIRWAY DR., STE. 220
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name Marc Shelowitz

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

1895 W. Commercial Blvd

Suite 135

City Fort Lauderdale

FL

Zip Code 33309

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

Marc Shelowitz President

1-24-00

Signature, typed or printed name of registered agent and date 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 DPT ☐ Delete
NAME SHELOWITZ, MARC A
STREET ADDRESS 4790 N. CITATION DR., #104
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE DVS ☐ Delete
NAME SHELOWITZ, MARC A
STREET ADDRESS 4790 N. CITATION DR., #104
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President & Treasurer ☒ Change ☐ Addition
NAME Marc A. Shelowitz
STREET ADDRESS 7843 NW 60th Lane
CITY-ST-ZIP Parkland, FL 33067

TITLE Vice-President & Secretary ☐ Change ☒ Addition
NAME Andrea R. Shelowitz
STREET ADDRESS 7843 NW 60th Lane
CITY-ST-ZIP Parkland, FL 33067

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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 another like empowered.

SIGNATURE:

Marc Shelowitz Marc Shelowitz

1-24-00

954-489-2204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)