

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069513

1. Entity Name

SHELOWITZ & SHELOWITZ, P.A.

FILED

Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90015 019 ***150.00

Principal Place of Business
1895 W COMMERCIAL BLVD
SUITE 135
FORT LAUDERDALE FL 33309

Mailing Address
1895 W COMMERCIAL BLVD
SUITE 135
FORT LAUDERDALE FL 33309

AU0006733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1925 S. Perimeter Road
Suite, Apt. #, etc.
Suite 135
City & State
Fort Lauderdale Florida
Zip
33309
Country
USA

3. Mailing Address
1925 S. Perimeter Road
Suite, Apt. #, etc.
Suite 135
City & State
Fort Lauderdale, Florida
Zip
33309
Country
USA

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
1895 W COMMERCIAL BLVD
SUITE 135
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1925 S. Perimeter Road
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 DATE 1-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	DPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELOWITZ, MARC A		NAME		
STREET ADDRESS	7843 NW 60TH LN		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELOWITZ, ANDREA R		NAME		
STREET ADDRESS	7843 NW 60TH LN		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marc Shelowitz DATE 1-10-01 DAYTIME PHONE # (954) 489-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0251090

CR2E034 (10/00)