

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077098

1. Entity Name

WARREN E. STOLLER, P.A.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90062 006 ***150.00

Principal Place of Business

2455 E. SUNRISE BLVD
SUITE 905
FORT LAUDERDALE FL 33304

Mailing Address

2455 E. SUNRISE BLVD
SUITE 905
FORT LAUDERDALE FL 33304

C0043345



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1290 E. Oakland Park Blvd.

3. Mailing Address

1290 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0863102

Applied For

Not Applicable

Zip

33334

Country

Zip

33334

Country

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

STOLLER, WARREN E
2455 E. SUNRISE BLVD
SUITE 905
FORT LAUDERDALE FL 33304

Name

Stoller, Warren, E.

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

1290 E. Oakland Park Blvd., Suite 100

City

Ft. Lauderdale

FL

Zip Code

33334

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, 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 ☐ Delete
NAME D
STREET ADDRESS STOLLER, WARREN E
CITY-ST-ZIP 2455 E. SUNRISE BLVD SUITE 905
FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1290 E. Oakland Park Blvd., Suite 100
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Warren E. Stoller WARREN E. STOLLER

4/6/2001 954-390-7465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)