

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90009 039 ***150.00

DOCUMENT # P98000077098

1. Entity Name
WARREN E. STOLLER, P.A.

Principal Place of Business
1290 W OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33334

Mailing Address
1290 W OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2701 W. Oakland Park Blvd.

Suite, Apt. #, etc.
Suite 100

City & State
Ft. Lauderdale, FL

Zip
33311

Country

3. Mailing Address
2701 W. Oakland Park Blvd.

Suite, Apt. #, etc.
Suite 100

City & State
Ft. Lauderdale, FL

Zip
33311

Country

4. FEI Number
65-0863102

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STOLLER, WARREN E
1290 E OAKLAND PARK BLVD.
SUITE 100
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name **STOLLER, WARREN, E.**
 Street Address (P.O. Box Number is Not Acceptable)
2701 W. Oakland Park Blvd.
Suite 100
 City **Ft. Lauderdale** **FL** Zip Code **33311**

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 _____ (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, 2002 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	D	<input type="checkbox"/> Delete
NAME	STOLLER, WARREN E	
STREET ADDRESS	1290 E OAKLAND BLVD., STE 100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLLER, WARREN, E	
STREET ADDRESS	2701 W. Oakland Park Blvd, Ste. 100	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE OF WARREN E. STOLLER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 **954-733-8520**
 Date Daytime Phone #

CR2E034 (9/01)