## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P98000077786** Mar 07, 2000 8:00 am Secretary of State 1. Entity Name 💄 🧸 VALDIN! & PALMER, P.A. 03-07-2000 90054 041 \*\*\*150.00 Principal Place of Business Mailing Address 1451 W. CYPRESS CREEK RD. 1451 W. CYPRESS CREEK RD. 00000 410 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-1953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0859926 Not Applicable ·Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMER, ANTHONY E Street Address (P.O. Box Number is Not Acceptable) 1451 W. CYPRESS CREEK RD. **STE 300** FT. LAUDERDALE FL 33309 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Gamma$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **Change** Addition Palmer, Anthony E creek Rdy Suite 300 NAME PALMER, ANTHONY E NAME STREET ADDRESS 1451 W. CYPRESS CREEK RD., STE 300 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition raidini, David J 1451 w. cypress creek RD, Suite 300 VALDINI, DAVID J NAME NAME 1451 W. CYPRESS CREEK RD., STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-7IP \_≟ Delete ≥ TITLE iale, ChristophorD - W. CYPHESS CHEEK RDI, Suite 300 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP First quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director under first Eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information supplied with this indicated on this report or supplemental report is of the corporation or the receiver or trustee and changed, or on an attachment with SIGNATURE: