

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90012 012 ***150.00

DOCUMENT # P98000087629

1. Entity Name

BENJAMIN E. STERN, P.A.

Principal Place of Business

5515 N MILITARY TRAIL #803
BOCA RATON FL 33496

Mailing Address

5515 N MILITARY TRAIL #803
BOCA RATON FL 33496

2. Principal Place of Business

21572 Coronado Ave

3. Mailing Address

21572 Coronado Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-0874997

Applied For

Not Applicable

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

MULLIN, JAMES G
2263 NW BOCA RATON BLVD. #205
BOCA RATON FL 33431

Name

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

2080 NW Boca Raton Blvd Ste #0

City

Boca Raton

FL

Zip Code

33431

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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D STERN, BENJAMIN E 5515 N MILITARY TRAIL #803 BOCA RATON FL 33496		21572 Coronado Ave. Boca Raton, FL 33433	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. STERN, Pres.

2/6/01
Date

Daytime Phone #

CR2E034 (10/00)