

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000087722****1. Entity Name**

THE LAW OFFICE OF ALAN J. FOXMAN, P.A.

Principal Place of Business1600 SOUTH DIXIE HIGHWAY
SUITE 5AB
BOCA RATON
33432

FL

Mailing Address1600 SOUTH DIXIE HIGHWAY
SUITE 5AB
BOCA RATON
33432

FL

2. Principal Place of Business

1600 SOUTH DIXIE HIGHWAY

3. Mailing Address

1600 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

SUITE 500

City & State

BOCA RATON

FL

City & State

BOCA RATON

FL

Zip
33432

Country

Zip
33432

Country

4. FEI Number**65-0868418**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFOXMAN ALAN J
1600 SOUTH DIXIE HIGHWAY
SUITE 5AB
BOCA RATON
33432

FL

7. Name and Address of New Registered Agent**Name**

FOXMAN ALAN J

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

1600 SOUTH DIXIE HIGHWAY

SUITE 500

City

BOCA RATON

FL**Zip Code**
33432**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)

01/26/2000

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, 2000 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 ☐ Delete
NAME FOXMAN ALAN J
STREET ADDRESS 1600 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP BOCA RATON FL 33432TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:** Alan Foxman

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01/26/2000