

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096202

1. Entity Name

ROSS & COMPANY, P.A.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90088 005 ***150.00

Principal Place of Business

18305 BISCAYNE BLVD.
SUITE 302
AVENTURA FL 33160

Mailing Address

18305 BISCAYNE BLVD.
SUITE 302
AVENTURA FL 33160-2172

2. Principal Place of Business

3. Mailing Address

4407 BUCHANAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLY WOOD FL

4. FEI Number 65-0885181

Applied For

Not Applicable

Zip

Country

33021

BROWARD

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

6. Name and Address of Current Registered Agent

ROSS, ALAN S
18305 BISCAYNE BLVD.
SUITE 302
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name ROSS LOLINA H

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

4407 BUCHANAN ST

City HOLLY WOOD

FL

Zip Code 33021

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]* (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROSS, ALAN S 18305 BISCAYNE BLVD., SUITE 302 AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 954-688-7307
Date Daytime Phone #

CR2E034 (9/99)