

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002433

1. Entity Name
BRUCE J. SCHAPIRO, CPA, P.A.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90209 050 ***150.00

0272385

Principal Place of Business Mailing Address
4324 S.W. 70TH TERRACE 4324 S.W. 70TH TERRACE
DAVIE FL 33314 DAVIE FL 33314

00001501

2. Principal Place of Business 3. Mailing Address
2177 SALERNO CR. P.O. Box 266324
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State WESTON FL City & State WESTON FL 4. FEI Number 65-0883599 Applied For Not Applicable
Zip 33327 Country USA Zip 33326 Country USA 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
SCHAPIRO, BRUCE J 4324 S.W. 70TH TERRACE DAVIE FL 33314 ADDRESS CHANGE ONLY
Name Street Address (P.O. Box Number is Not Acceptable) 2177 SALERNO CR
City WESTON FL Zip Code 33327

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 *Bruce J. Schapiro* (Bruce J. Schapiro) 4-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 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	PSTD SCHAPIRO, BRUCE J 4324 S.W. 70TH TERRACE DAVIE FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Bruce J. Schapiro* BRUCE J. SCHAPIRO, PRES. 4-28-01 954-4633925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)