

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008717

1. Entity Name

SHAPIRO AND GERTH, CHARTERED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 12 PM 4:21

Principal Place of Business

Mailing Address

~~3714 N ROOSEVELT BLVD~~
KEY WEST FL 33040

~~3714 N ROOSEVELT BLVD~~
KEY WEST FL 33040

1075 Duval ST. C4
Key West, FL 33040

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33040

Florida

4. FEI Number

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

GERTH, ELIAS

~~3714 N ROOSEVELT BLVD~~
KEY WEST FL 33040

1075 Duval ST, C4
Key West, FL 33040

Name

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

NA

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PRESIDENT, Treasurer
GILBERT SHAPIRO MD
1075 Duval ST, C4
Key West, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600003434306--5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Secretary
ELIAS J. GERTH MD
1075 Duval ST, C4
Key West, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
-10/23/00--01805--018
*****750.00 *****750.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition
AD

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00 (305) 2956740

Date

Daytime Phone #