

# 2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # P99000009106

1. Entity Name

GERALD K. SCHWARTZ, P.A.

**FILED**  
**Jun 15, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90150 007 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1688 MERIDIAN AVE. SIXTH FLOOR~~  
MIAMI BEACH FL 33139

~~1688 MERIDIAN AVE. SIXTH FLOOR~~  
MIAMI BEACH FL 33139-2710

2. Principal Place of Business

1111 LINCOLN ROAD

3. Mailing Address

1111 LINCOLN ROAD

Suite, Apt. #, etc.

SUITE 800

Suite, Apt. #, etc.

SUITE 800

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-1010661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75\*Additional  
Fee Required

Zip

33139

Country

USA

Zip

33139

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, GERALD K

~~1688 MERIDIAN AVE. SIXTH FLOOR~~  
MIAMI BEACH FL 33139

Name

SCHWARTZ, GERALD K.

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

1111 LINCOLN ROAD - SUITE 800

City

MIAMI BEACH

FL

Zip Code

33139

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]*

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS SCHWARTZ, GERALD K  
CITY-ST-ZIP 1688 MERIDIAN AVE. SIXTH FLOOR  
MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition  
NAME 1111 Lincoln Road Suite 800  
STREET ADDRESS Miami Beach, FL 33139  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-673-1101