

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**  
 02-13-2001 90049 029 \*\*\*150.00

**DOCUMENT # P99000023933**

1. Entity Name  
**THE LAW OFFICES OF AUGUST C. PAOLI, P.A.**

Principal Place of Business      Mailing Address  
 1720 HARRISON ST., STE. #6 C-W      1720 HARRISON ST., STE. #6 C-W  
 HOLLYWOOD FL 33020-6829      HOLLYWOOD FL 33020-6829

**LU020572**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0902619</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PAOLI, ANITA ESQ</b> <b>1720 HARRISON ST., STE. #6 C-W</b> <b>HOLLYWOOD FL 33020-6829</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAOLI, AUGUST C ESQ			NAME			
STREET ADDRESS	1720 HARRISON ST., STE. #6 C-W			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020-6829			CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAOLI, ANITA ESQ			NAME			
STREET ADDRESS	1720 HARRISON ST., STE. #6 C-W			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020-6829			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Anita Paoli, V.P.      1/30/01      954-925-8441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)