

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90007 043 \*\*\*150.00

**DOCUMENT # P99000025360**

1. Entity Name

**ARMSTRONG & RANGEL, P.A.**

Principal Place of Business

8201 PETERS RD  
 SUITE 1000  
 PLANTATION FL 33324

Mailing Address

8201 PETERS RD  
 SUITE 1000  
 PLANTATION FL 33324

2. Principal Place of Business

*600 N. Pine Island Rd.*

3. Mailing Address

*600 N. Pine Island Rd.*

Suite, Apt. #, etc.

*450*

Suite, Apt. #, etc.

*450*

City & State

*Plantation, FL*

City & State

*Plantation, FL*

Zip

*33324*

Country

*Broward*

Zip

*33324*

Country

*Broward*

6. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ.**  
**88 N.E. 168 STREET**  
**NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

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

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 \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	RANGEL, KIMBERLY K	
STREET ADDRESS	8201 PETERS RD SUITE 1000	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, MICHELLE L	
STREET ADDRESS	8201 PETERS RD SUITE 1000	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S, T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rangel Kimberly K.	
STREET ADDRESS	600 N. Pine Island Rd.	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 duly empowered.

SIGNATURE:

*Kimberly K. Rangel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/19/01* (954) 315-0235  
 Date Daytime Phone #

CR2E034 (10/00)