

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026139

1. Entity Name

LAW OFFICES OF TIMOTHY D. LUCERO, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90139 023 ***150.00

Principal Place of Business

Mailing Address

9900 WEST SAMPLE RD.
CORAL SPRINGS FL 33065

9900 WEST SAMPLE RD.
CORAL SPRINGS FL 33065-4048

2. Principal Place of Business

1401 University Drive

Suite, Apt. #, etc.

Suite 600

City & State

Coral Springs, Florida

Zip

33071

Country

USA

3. Mailing Address

1401 University Drive

Suite, Apt. #, etc.

Suite 600

City & State

Coral Springs, Florida

Zip

33071

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0904411

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

LUCERO, TIMOTHY D ESQ.

9900 WEST SAMPLE RD. 1401 University Drive
CORAL SPRINGS FL 33065 Suite 600

33071

Name

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

1401 University Drive

Suite 600

City

Coral Springs

FL

Zip Code

33071

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, 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 LUCERO, TIMOTHY D ESQ.
CITY-ST-ZIP 9900 WEST SAMPLE RD. 1401 University Drive
CORAL SPRINGS FL 33065 Suite 600
33071

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 (954) 755-7035
Date Daytime Phone #

CR2E034 (9/99)