

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027746

1. Entity Name

DEBBIE REISS, P.A.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90033 028 ***150.00

Principal Place of Business

Mailing Address

1961 SW 73 AVE
PLANTATION FL 33317

1961 SW 73 AVE
PLANTATION FL 33330-4701

2. Principal Place of Business

3993 SW 135 AVE

3. Mailing Address

3993 SW 135 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-0917352

Applied For

Not Applicable

Zip

Country

33330

Zip

Country

33330

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

REISS, DEBBIE
1961 SW 73 AVE
PLANTATION FL 33317

Name

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

3993 SW 135 AVE

City

DAVIE

FL

Zip Code

33330

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P,T,S,D
DEBORAH REISS
3993 SW 135 AVE
DAVIE, FL 33330

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
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
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH REISS

Date

4/12/00 954 577-1033

Daytime Phone #