

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041879

1. Entity Name

LISA TORELLI MCCUE, P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90128 037 ***150.00

Principal Place of Business

Mailing Address

4826 N. FEDERAL HWY
FT. LAUDERDALE FL 33308-4606

4826 N. FEDERAL HWY
FT. LAUDERDALE FL 33308-4606

2. Principal Place of Business

5100 N. FEDERAL HWY

3. Mailing Address

5100 N. FEDERAL HWY

Suite, Apt. #, etc.

STE. 405

Suite, Apt. #, etc.

STE. 405

City & State

FT. LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0914342

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

MCCUE, LISA TORELLI
4826 N. FEDERAL HWY
FT. LAUDERDALE FL 33308-4606

Name

LISA TORELLI MCCUE

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

5100 N. FEDERAL HWY., STE. 405

City

FT LAUDERDALE

FL

Zip Code

33308

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 LISA TORELLI MCCUE

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/12/2000

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 D ☐ Delete
NAME MCCUE, LISA TORELLI
STREET ADDRESS 4826 N. FEDERAL HWY
CITY-ST-ZIP FT. LAUDERDALE FL 33308-4606

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 5100 N FEDERAL HWY, STE. 405
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2000

Date

954 938-
9001

Daytime Phone #

CR2E034 (9/99)