

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046928

1. Entity Name

MICHAEL A. PFUNDSTEIN, P.A.

FILED

May 30, 2000 8:00 am  
Secretary of State

05-30-2000 90080 029 \*\*\*150.00

Principal Place of Business

Mailing Address

17200 N.W. 64TH AVENUE  
SUITE 310  
MIAMI FL 33015

17200 N.W. 64TH AVENUE  
SUITE 310  
MIAMI FL 33327-1858

2. Principal Place of Business

3. Mailing Address

1776 N Pine Island Rd

1776 N Pine Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 208

Ste 208

City & State

City & State

Plantation FL

Plantation FL

Zip

Country

Zip

Country

33322

USA

33322

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFUNDSTEIN, MICHAEL A ESQ.  
17200 N.W. 64TH AVENUE  
SUITE 310  
MIAMI FL 33015

Name

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

1776 N Pine Island Rd Ste 208

City

Plantation

FL

Zip Code

33322

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

*Michael A Pfundstein*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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	<input type="checkbox"/> Delete
NAME	PFUNDSTEIN, MICHAEL A	
STREET ADDRESS	17200 N.W. 64TH AVENUE, SUITE 310	
CITY-ST-ZIP	MIAMI FL 33015	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pfundstein Michael A	
STREET ADDRESS	942 Greenwood Rd	
CITY-ST-ZIP	Weston FL 33327	
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 like empowered.

SIGNATURE:

*Michael A Pfundstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
Date

954-475-1515  
Daytime Phone #

CR2E034 (9/99)