## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000053006** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name -BASSO & GROSS, P.A. BASSO, GROSS OF FRIED, P.A. 04-12-2000 90162 023 \*\*\*150.00 Principal Place of Business Mailing Address 3471 N. FEDERAL HIGHWAY 3471 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306-1019 FORT LAUDERDALE FL 33306 2. Principal Place of Business 471 N. Federal Hishway DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0425617 Not Applicable USA-\$8.75 Additional 5. Certificate of Status Desired 3306 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSS, DANIEL T Street Address (P.O. Box Number is Not Acceptable) 3471 N. FEDERAL HIGHWAY, SUFFE 310 FORT LAUDERDALE FL 33306 Zip Code submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named eg (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD TITLE Addition ☐ Delete TITLE STEVEN M. FRIED 3471 N. Federal Highway, Suite 310 GROSS, DANIEL T NAME NAME 3471 N. FEDERAL HIGHWAY, SUITE 310 STREET ADDRESS STREET ADDRESS Ft. Landerdale, FL 33300 CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Addition VSTD ☐ Change ☐ Delete TITLE TITLE BASSO, LLOYD M NAME NAME 3471 N. FEDERAL HIGHWAY , SUITE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 of 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 a fother like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WANTELT, GROSS
HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00

954-564-2667

Daytime Phone #