

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 04, 2000 8:00 am
Secretary of State

04-10-2000 90052 006 ***150.00

DOCUMENT # P99000053768

1. Entity Name

BERNARD D. CANARICK, P.A.

Principal Place of Business

8411 WEST OAKLAND PARK BLVD STE 202
 SUNRISE FL 33351

Mailing Address

8411 WEST OAKLAND PARK BLVD STE 202
 SUNRISE FL 33351-7357

Bernard D. Canarick, PA
 2 South University Drive
 Suite 280
 Plantation, FL 33324

Bernard D. Canarick, PA
 2 South University Drive
 Suite 280
 Plantation, FL 33324



DO NOT WRITE IN THIS SPACE

FBI Number 65-0930432	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANARICK, BERNARD D
 8411 WEST OAKLAND PARK BLVD STE 202
 SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **Bernard D. Canarick, PA**
 Street Address **2 South University Drive**
 Suite **280**
 City **Plantation, FL 33324**

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

Bernard D. Canarick

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

TITLE	Bernard D. Canarick, PA	State	
NAME	2 South University Drive		
STREET ADDRESS	Suite 280		
CITY-ST-ZIP	Plantation, FL 33324		
TITLE		State	
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		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 601, 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:

Bernard D. Canarick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)