

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90208 021 ***150.00

DOCUMENT # P99000078138

1. Entity Name

BISCHOFF & ASSOCIATES, P.A.

Principal Place of Business

100 SE 2ND ST
 INTERNATIONAL PLACE, 28TH FL
 MIAMI FL 33131

Mailing Address

100 SE 2ND ST
 INTERNATIONAL PLACE, 28TH FL
 MIAMI FL 33131

2. Principal Place of Business

288 ARAGON AVENUE

3. Mailing Address

288 ARAGON AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES

Zip

33134

Country

USA

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0944843

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

BISCHOFF, RICHARD J
6500 RIVIERA DR
CORAL GABLES FL 33146

Name

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

288 ARAGON AVENUE
SUITE D

City

CORAL GABLES

FL

Zip Code

33134

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

2/7/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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	BISCHOFF, RICHARD J	
STREET ADDRESS	6500 RIVIERA DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Richard J. Bischoff

2/7/01

Date

(305) 443-7400

Daytime Phone #

0151128

CR2E034 (10/00)