

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90022 024 ***150.00

DOCUMENT # P99000098137

1. Entity Name

ARON M. MANDL, P.A.

Principal Place of Business

**1111 KANE CONCOURSE-STE.401
BAY HARBOR ISLANDS FL 33154**

Mailing Address

**1111 KANE CONCOURSE-STE.401
BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business

3407 N.W. 9th Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

4. FEI Number

65-0962859

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

USA

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

MANDL, ARON M

1111 KANE CONCOURSE-STE.401

BAY HARBOR ISLANDS FL 33154

Name

ARON M. MANDL

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

3407 N.W. 9th Ave.

Suite 250

City

Ft. Laud.

FL

Zip Code

33309

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

Aron M. Mandl

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Mar. 22, 2001

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 **AP**
NAME **MANDL, ARON**
STREET ADDRESS **1111 KANE CONCOURSE-STE 401**
CITY-ST-ZIP **MIAMI FL 33154**

☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS **3407 N.W. 9th Ave. Suite #250**
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Aron M. Mandl / ARON M. MANDL

Mar. 22, 2001 (954) 630-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0187950