## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 13, 2000 8:00 am DOCUMENT # **P99000102434 Secretary of State** STEPHEN DETATA, P.A. 03-13-2000 90015 045 \*\*\*150.00 Mailing Address Principal Place of Business 2000 SOUTH ANDREWS AVENUE 2000 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business 2000 South ANDREWS LAW OFFICE OF WOLF + DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 2000 Su TH Applied For City & State 4. FEI Number Not Applicable FORT LAUDERDINE FLORIDA \$8.75 Additional Certificate of Status Desired Г Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DETATA, STEPHEN P.A. Street Address (P.O. Box Number is Not Acceptable) 2000 SOUTH ANDREWS AVENUE FT. LAUDERDALE FL 33316 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. PRESIDENT Addition Change TD ☐ Delete TITLE STEPHEN DETATA 4331 SW 73 TEMACE TITLE NAME DETATA, IRINA NAME: STREET ADDRESS STREET ADDRESS 4331 S.W. 73 TERRACE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change ☐ Addition TITLE TITLE □ Delete 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 Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplymental 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 addless, with all other like empowered.