

2000 UNIFORM BUSINESS REPORT (UBR)

8/8

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-08-2000 90094 031 ***150.00

DOCUMENT # P99000108477

1. Entity Name

BART L. SEGALL, P.A.

(P)

Principal Place of Business

300 THREE ISLANDS BOULEVARD
 SUITE 740-64
 HALLANDALE FL 33009

Mailing Address

300 THREE ISLANDS BOULEVARD
 SUITE 740-64
 HALLANDALE FL 33009

2. Principal Place of Business

300 Three Islands Blvd
 Suite, Apt. #, etc.
 611

3. Mailing Address

300 Three Islands Blvd
 Suite, Apt. #, etc.
 611



DO NOT WRITE IN THIS SPACE

City & State

Hallandale, FL

City & State

Hallandale, FL

4. FEI Number

05-0967816

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & LITRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

BART L. Segall

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

300 Three Islands Blvd. #611

Hallandale, FL 33009

City

FL

Zip Code

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 acceptable.

BART L. Segall

8/3/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

150 FILE NOW!!! FEE IS \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 | PTD | <input type="checkbox"/> Delete |
| NAME | SEGALL, BART L | |
| STREET ADDRESS | 300 THREE ISLANDS BOULEVARD SUITE 740-64 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | SVD | <input type="checkbox"/> Delete |
| NAME | VALENCIA-SEGALL, MARGARITA | |
| STREET ADDRESS | 300 THREE ISLANDS BOULEVARD SUITE 740-611 | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| 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 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:

BART L. Segall

Date

8/3/00

Daytime Phone #

054-456-0304

CR2E034 (5/00)

Attachment

#P99000108477

107650

Bart L. Segall, P.A.
300 Three Islands Blvd
Suite 611
Hallandale, Florida 33009

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: 2000 Inform Business Report (UBR)

To Whom It May Concern:

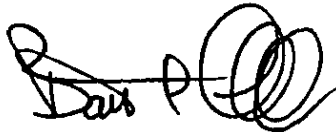
Based upon my conversation with your offices today, I am enclosing a check in the amount of \$150.00 payable to the Dept of State.

We received this document last week. It is apparent that, if another one was mailed it was mailed to Suite 710 NOT 611. Please take note of our correct address.

Additionally, for some reason, the Registered Agent is unknown to us and has been changed.

Thank you.

Bart L. Segall



8/3/00