2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S11408

1. Entity Name

FELDMAN AND SAFRON, P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90112 017 ***150.00

Principal Place of Business	Mailing Address
10021 PINES BLVD ~~#C-206~~ C-202 PEMBROKE PINES FL 33024 US	10021 PINES BLVD STE C-202 PEMBROKE PINES FL 33024-6168 US

UUUJ1J04

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. #C-202	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0215837 ☐ 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
FELDMAN, BEVERLY ~~7387 NW 34 STREET~~ 2351-4 E. Aragon Blvd ~~LAUDERHILL FL 33319.~~ Sunrise FL 33313	Name Street Address (P.O. Box Number is Not Acceptable) 2351-4 E. Aragon Blvd. City Sunrise, Fl. FL Zip Code 33313

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FELDMAN, BEVERLY L ~~7387 NW 34TH ST~~ 2351-4 E. Aragon Blvd ~~LAUDERHILL FL~~ Sunrise, Fl. 33313 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
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CR2E034 (9/99)

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: ______________________ 2-24-00 954-436-8721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #