

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S15942

1. Entity Name

STRACHER & HARMON, P.A.

Principal Place of Business

6363 NW 6TH WAY
STE. 420
FT. LAUDERDALE FL 33309
US

Mailing Address

6363 NW 6TH WAY
SUITE 420
FT. LAUDERDALE FL 33309-6188
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARMON, KURT S.
6363 NW 6TH WAY
STE. 420
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
LES STRACHER

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

6363 NW 6TH WAY

STE. 420

City
FORT LAUDERDALE

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

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

LES STRACHER
Officer/President

3/22/2000

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
STACHER, LES
6363 NW TH WAY, SUITE 420
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Delete
HARMON, KURT S
6363 NW 6 WAY, SUITE 420
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Officer/President 3/22/2000

Date

(954) 776-6200

Daytime Phone #

LES STRACHER

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90102 043 ***150.00



DO NOT WRITE IN THIS SPACE