

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23448

1. Entity Name

JENNIFER L. SCHECHTMAN C.P.A., P.A.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90015 015 \*\*\*150.00

Principal Place of Business

Mailing Address

9050 PINES BLVD.  
 SUITE 385A  
 PEMBROKE PINES FL 33024

9050 PINES BLVD.  
 SUITE 385A  
 PEMBROKE PINES FL 33024-6455

2. Principal Place of Business

9050 Pines Blvd  
 Suite, Apt. #, etc.  
 205

3. Mailing Address

9050 Pines Blvd  
 Suite, Apt. #, etc.  
 205

City & State

Pembroke PINES, FL  
 Zip  
 33024  
 Country  
 USA

City & State

Pembroke PINES, FL  
 Zip  
 33024  
 Country  
 USA

4. FEI Number

65-0241823

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

SCHECHTMAN, JENNIFER L.  
 1201 N.W. 122ND TERRACE  
 PEMBROKE PINES FL 33026

Name

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

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 SCHECHTMAN, JENNIFER L.  
 1201 N.W. 122ND TERR  
 PEMBROKE PINES FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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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

Date

Daytime Phone #