

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55693

1. Entity Name

NEIL SCHAFFEL, P.A.

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR., SUITE 525
CORAL SPRINGS FINANCIAL PLAZA
CORAL SPRINGS FL 33065
US

3300 UNIVERSITY DR., SUITE 525
CORAL SPRINGS FINANCIAL PLAZA
CORAL SPRINGS FL 33442-3114
US

2. Principal Place of Business

160 S.W. 12th AVENUE

3. Mailing Address

160 S.W. 12th AVENUE

Suite, Apt. #, etc.

#102

Suite, Apt. #, etc.

#102

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH FL

Zip

33442

Country

BEOWNED

Zip

33442

Country

BEOWNED

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAFFEL, NEIL
3300 UNIVERISTY DR
STE 525
CORAL SPRINGS FL 33065

Name

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

160 S.W. 12th AVENUE

#102

City

DEERFIELD BEACH

FL

Zip Code

33442

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 P
NAME SCHAFFEL, NEIL
STREET ADDRESS 3300 UNIVERSITY DR STE 525
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS 160 S.W. 12th AVENUE, #102
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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: *NEIL SCHAFFEL* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

954-422-577

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90135 047 ***150.00

914104



DO NOT WRITE IN THIS SPACE