

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-08-2000 90056 042 ***150.00

DOCUMENT # S60307

1. Entity Name

BENJAMIN R. SCHULMAN, P.A.

Principal Place of Business

Mailing Address

4651 SHERIDAN STREET
 STE. 325
 HOLLYWOOD FL 33021
 US

4651 SHERIDAN STREET
 STE. 325
 HOLLYWOOD FL 33021-3424
 US

2. Principal Place of Business

4330 Sheridan St

Suite, Apt. #, etc.

#202 B

City & State

Hollywood FL

Zip

33021

Country

US

3. Mailing Address

4330 Sheridan St

Suite, Apt. #, etc.

#202 B

City & State

Hollywood FL

Zip

33021

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0269596

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULMAN, BENJAMIN R.
 4651 SHERIDAN ST. #325
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

SCHULMAN, BENJAMIN R.

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

4330 Sheridan St #202 B

City

Hollywood

FL

Zip Code

33021

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)

3/6/00

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 | PS | <input type="checkbox"/> Delete |
| NAME | SCHULMAN, BENJAMIN R. | |
| STREET ADDRESS | 4651 SHERIDAN ST. #325 | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| 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 | | |

| | | |
|----------------|-------------------------|--|
| TITLE | PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHULMAN, BENJAMIN R. | |
| STREET ADDRESS | 4330 Sheridan St #202-B | |
| CITY-ST-ZIP | Hollywood FL 33021 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(j), 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

3/6/00

Date

(954) 894-9449

Daytime Phone #

CR2E034 (9/99)