

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63920

1. Entity Name

INFELD BARR C.P.A.'S, P.A.

Principal Place of Business

Mailing Address

5801 BISCAYNE BLVD.
MIAMI FL 33137

5801 BISCAYNE BLVD.
MIAMI FL 33021-6501

2. Principal Place of Business

4621 Hollywood Blvd

3. Mailing Address

4621 Hollywood Blvd

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33021

Country

USA

Zip

33021

Country

USA

6. Name and Address of Current Registered Agent

WASSERSTROM, BARRY
5801 BISCAYNE BLVD.
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name: Wasserstrom, Barry
Street Address (P.O. Box Number is Not Acceptable): 4621 Hollywood Blvd
Suite 100
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]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(Not for Registered Agent signature required when reinstating)

DATE

1/21/00

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	PD	<input type="checkbox"/> Delete
NAME	BARR, KAREN	
STREET ADDRESS	5801 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WASSERSTROM, BARRY	
STREET ADDRESS	5801 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barr, Karen	
STREET ADDRESS	4621 Hollywood Blvd #100	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wasserstrom, Barry	
STREET ADDRESS	4621 Hollywood Blvd #100	
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
NAME		
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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/00

Daytime Phone #

954 3740313

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90017 031 ***150.00

00012010



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0269640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required