

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83162

1. Entity Name

CRAIG SACKLER, ATTORNEY AT LAW, CHARTERED

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90047 043 \*\*\*150.00

Principal Place of Business

Mailing Address

2701 W OAKLAND PARK BLVD  
STE 414  
FT LAUDERDALE FL 33311  
US

2701 W OAKLAND PARK BLVD  
STE 414  
FT LAUDERDALE FL 33311-1389  
US

2. Principal Place of Business

1640 W. Oakland Park Blvd

3. Mailing Address

1640 W. Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303

303

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0278818

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

SACKLER, CRAIG  
2701 W OAKLAND PARK BLVD  
#210  
NORTH MIAMI BEACH FL 33311

Name

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

1640 W. Oakland Park Blvd

# 303

City

Ft. Lauderdale

FL

Zip Code

33311

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 PS  
NAME SACKLER, CRAIG  
STREET ADDRESS 2701 W OAKLAND PARK BLVD #414  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 1640 W. Oakland Park Blvd # 303  
CITY-ST-ZIP Ft. Lauderdale, FL 33311

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)