

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State
 02-12-2001 90006 048 ***150.00

DOCUMENT # S91654

1. Entity Name

THE LAW PRACTICE OF J.B. GROSSMAN, P.A.

Principal Place of Business

**2300 E. LAS OLAS BLVD.
 4TH FLOOR
 FT. LAUDERDALE FL 33301
 US**

Mailing Address

**2300 E. LAS OLAS BLVD.
 4TH FLOOR
 FT. LAUDERDALE FL 33301
 US**

2. Principal Place of Business

**700 S Federal Hwy
 Suite, Apt. #, etc.
 Ste 200**

3. Mailing Address

**700 S Federal Hwy
 Suite, Apt. #, etc.
 Ste 200**

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

US

Zip

33432

Country

US

4. FEI Number

65-0296615

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

**GROSSMAN, J.B.
 2300 E. LAS OLAS BLVD.
 4TH FLOOR
 FT. LAUDERDALE FL 33301**

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, 2001 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

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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 #

CR2E034 (10/00)