

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90059 047 ***150.00

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DOCUMENT # V01035

1. Entity Name

ATTORNEY ERIC M. BELLER, P.A.

Principal Place of Business

**333 SW 2 ST.
 FORT LAUDERDALE FL 33312
 US**

Mailing Address

**333 SW 2 ST.
 FT LAUDERDALE FL 33312
 US**

2. Principal Place of Business

1001 S. Andrews Ave.

3. Mailing Address

1001 S. Andrews Ave.

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

DO NOT WRITE IN THIS SPACE



City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **65-0302077**

Applied For
 Not Applicable

Zip **33316** Country **USA**

Zip **33316** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BELLER, ERIC M.
 333 SW 2ND ST.
 FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
**1001 S. Andrews Ave.
 Suite 100**
 City **Ft. Lauderdale** **FL** Zip Code **33316**

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, 2002 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 **D** ☐ Delete
 NAME **BELLER, ERIC M**
 STREET ADDRESS **333 SW 2ND ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Beller, Eric M.**
 STREET ADDRESS **1001 S. Andrews Ave., #100, Ft. Lauderdale**
 CITY-ST-ZIP **FL 33316** ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 467-6241

CR2E034 (9/01)