2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
09-06-2001 90051 007 ***550.00

DOCUMENT # **V04474**

1. Entity Name
ROBERT M. SCHWARTZ, P.A.

Principal Place of Business	Mailing Address
169 EAST FLAGLER STREET SUITE 1125 MIAMI FL 33131-1205	169 EAST FLAGLER STREET SUITE 1125 MIAMI FL 33131-1205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1956 NE 201 st	1956 NE 201 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip 33179 / Country	Zip 33179 / Country

4. FEI Number 65-0303438 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, ROBERT M
169 E FLAGLER ST 1125
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Robert M. Schwartz
Street Address (P.O. Box Number is Not Acceptable): 200 E. Broward Blvd Suite 1500
City: Ft Lauderdale FL Zip Code 33301

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 ______ 8/30/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP SCHWARTZ, ROBERT M ~~169 E FLAGER ST 1125~~ MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1956 NE 201 st MIAMI FL 33179	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME 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 REQUIRED 8/30/01 954-527-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)