

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90039 029 ***150.00

DOCUMENT # V14617

1. Entity Name

LEWIS J. MOSKOWITZ, L.M.H.C., P.A.

Principal Place of Business

2824 S. SEACREST BLVD.
 208 C
 BOYTON BCH FL 33435
 US

Mailing Address

2824 S. SEACREST BLVD.
 208 C
 BOYTON BCH FL 33435-7935
 US

2. Principal Place of Business

10111 Forest Hill Blvd.

Suite, Apt. #, etc.

369

3. Mailing Address

13325 Lg Mirador Circle

Suite, Apt. #, etc.

City & State

Wellington, FLA

City & State

Wellington, FLA.

4. FEI Number

65-0312691

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, LEWIS J
 2824 S. SEACREST BLVD.
 208 C
 BOCA RATON FL 33435

7. Name and Address of New Registered Agent

Name MOSKOWITZ, LEWIS J

Street Address (P.O. Box Number is Not Acceptable)
 13325 Lg Mirador Circle

City Wellington FL Zip Code 33414

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

Lewis J. Moskowitz
 Signature, typed or printed name of registered agent and title if applicable.

Lewis J. Moskowitz

3/17/00
 DATE

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	MOSKOWITZ, LEWIS J.	
STREET ADDRESS	22361 COLLINGTON DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, LEWIS J.	
STREET ADDRESS	13325 Lg Mirador Circle	
CITY-ST-ZIP	Wellington, FL 33414	
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		
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:

Lewis J. Moskowitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00
 Date

561
 333-8915
 Daytime Phone #

CR2E034 (9/99)