

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18272

1. Entity Name

LAURENCE S. LITOW PA

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90019 037 ***150.00

Principal Place of Business

Mailing Address

~~777 BRICKELL AVENUE~~
~~SUITE 1200~~
~~MIAMI FL 33131~~

~~777 BRICKELL AVENUE~~
~~SUITE 1200~~
~~MIAMI FL 33131-2867~~

2. Principal Place of Business

350 E. LAS OLAS BLVD

3. Mailing Address

350 E. LAS OLAS BLVD

Suite/Apt. #, etc.

1250

Suite/Apt. #, etc.

1250

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

USA

Zip

33301

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0318125

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

LITOW, LAURENCE S
~~777 BRICKELL AVENUE~~
~~SUITE 1200~~
~~MIAMI FL 33131~~

Name

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

350 E. LAS OLAS BLVD

Suite

1250

City

FORT 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

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	PD	<input type="checkbox"/> Delete
NAME	LITOW, LAURENCE S	
STREET ADDRESS	777 BRICKELL AVENUE, STE 1200	
CITY-ST-ZIP	MIAMI FL 33131	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	350 E. LAS OLAS BLVD #1250	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
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)(f), 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

LAURENCE S. LITOW

Date

Daytime Phone #

5/1/00

954-468-3344

CR21034 (9/99)