

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90176 018 ***150.00

DOCUMENT # V25705

1. Entity Name

ZIEGLER & GINSBURG, P.A.

Principal Place of Business

**370 MINORCA AVENUE
 SUITE 21
 CORAL GABLES FL 33134**

Mailing Address

**370 MINORCA AVENUE
 SUITE 21
 CORAL GABLES FL 33158-1914**

2. Principal Place of Business

14722 S.W. 82nd Ct.

3. Mailing Address

14722 S.W. 82nd COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33158

Country

Zip

33158

Country

4. FEI Number

65-0318664

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

**GINSBURG, EDWIN M.
 370 MINORCA AVENUE
 SUITE 21
 CORAL GABLES FL 33134**

Name **GINSBURG, EDWIN M.**

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

14722 S.W. 82nd COURT

City

MIAMI,

FL

Zip Code

33158

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

Edwin M. Ginsburg

EDWIN M. GINSBURG

4/21/00

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 **TSD** ☐ Delete
 NAME **GINSBURG, EDWIN M.**
 STREET ADDRESS **370 MINORCA AVE #21**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **TSD** ☒ Change ☐ Addition
 NAME **GINSBURG, EDWIN M.**
 STREET ADDRESS **14722 S.W. 82nd COURT**
 CITY-ST-ZIP **MIAMI, FLA. 33158**

TITLE **PD** ☐ Delete
 NAME **ZIEGLER, STUART H.**
 STREET ADDRESS **370 MINORCA AVE #21**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **S. HARVEY ZIEGLER**
 STREET ADDRESS **359 So. COCONUT PALM BLVD.**
 CITY-ST-ZIP **TAVERNIER, FLA. 33070**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowerment.

SIGNATURE:

Stuart H. Ziegler

Date

4/21/00

Daytime Phone #