

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V49301

1. Entity Name

F. SCOTT FISTEL, P.A.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90046 032 ***150.00

Principal Place of Business

Mailing Address

2331 N. STATE ROAD 7
220
LAUDERHILL FL 33313
US

2331 N. STATE ROAD 7
220
LAUDERHILL FL 33301-3240
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0351404

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FISTEL, F. SCOTT

~~2331 N. STATE ROAD 7~~
~~SUITE 220~~
~~LAUDERHILL FL 33313~~

Name

FISTEL, F. SCOTT

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

110 N.E. 4th ST

City

Ft. Land, FL

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 ☐ Delete
NAME D
STREET ADDRESS FISTEL, F. SCOTT
CITY-ST-ZIP ~~2331 N. STATE RD 7, STE 220~~
LAUDERHILL FL

TITLE ☐ Change ☐ Addition
NAME 110 N.E. 4th ST
STREET ADDRESS Ft. Land, FL 33301
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-2000

522-1212

CR2E034 (9/99)