2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1232 PALERMO AV

585568 **DOCUMENT #**

1. Entity Name

1232 PALERMO AV

LINDA G. HIRSCH, P.A.

Principal Place of Business

FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90064 044 ***150.00

|--|--|

CORAL GABLES FL 33134-6327			COI	CORAL GABLES FL 33134-6327					111 1111 1 1	14 14 14 14 14 14 14 14 14 14 14 14 14 1	81814 81814 ASDI	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 59-1842307 Applied For				
Zip		Country Zip Co				try	5.	Certificate of Status Desired		\$8.75 A		
	6. Name	and Address	of Current Registe	red Agent	1		7,	Name and Address of New Reg				
4.						Name				·go		
HIRSCH,	Linda G											
1232 PAL	ERMO AVE.			Street Addres			ddress (P.O.	s (P.O. Box Number is Not Acceptable)				
1	ABLES FL 3	3134										
		J. J.										
						City		*	FŁ	Zip Co		
8. The above the obliga	e named entity tions of registe	submits this sered agent.	tatement for the pur	pose of changing its	registere	ed office or	registered ag	gent, or both, in the State of Florid	a. I am f	amiliar with	, and accept	
SIGNATURE	0'			<u>.</u>			.					
	Signature, typed i	or printed name of re	gistered agent and title if a	oplicable. (NOTE	: Registered	f Agent signatu	re required when :	reinstating)	DATE			
		FEE IS \$1							-			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.6 Adde	00 May Be ed to Fees	
10.		OFFIC	CERS AND DIRECTO	ORS	11.		AI.	L DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	RS IN 11	
TITLE	PD			☐ Delete	TITLE	I				☐ Change	Addition	
NAME	HIRSCH, LI	nda G.			NAME					☐ Orlange	LI Addition	
STREET ADDRESS	1232 PALE	DO DALEDIAO ANG			STREE	TADDRESS						
CITY-ST-ZIP	CODAL CARLES EL				CITY-	ST-ZIP						
TITLE				Delete	TITLE					☐ Change	Addition	
NAME					NAME					Change		
STREET ADDRESS					STREE							
CITY-ST-ZIP					CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE	<u> </u>	·			☐ Change	☐ Addition	
NAME					NAME					onlings		
STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP					CITY-S	ST-ZIP						
TITLE				☐ Delete	TITLE					Change	Addition	
NAME					NAME					Onango	Addition	
STREET AODRESS					STREET	ADDRESS						
CITY-ST-ZIP					CITY-S	ST-ZIP						
TITLE -		-		☐ Delete	TITLE			······································		☐ Change	Addition	
NAME					NAME	_ -						
STREET ADDRESS					STREET	ADDRESS		-			ĺ	
CITY-ST-ZIP					CITY-S	I-ZIP						
TITLE .				☐ Delete	TITLE			·	- 1	☐ Change	Addition	
NAME					NAME	ļ			,	0		
STREET ADDRESS					STREET	ADDRESS						
CITY-ST-ZIP	<u> </u>				CITY-S	T-ZIP						

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LINDA B. HIRSCH