2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90212 047 ***150.00

DOCUMENT # 598018

1. Entity Name
MIMI STEIN, P.A.

Principal Place of Business	Mailing Address
800 NO OLIVE AVE WEST PALM BEACH FL 33401 US	800NO OLIVE AVE WEST PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 1764 N. Congress Ave Ste 200	Suite, Apt. #, etc. 1764 N. Congress Ave Ste 200
City & State W. Palm Beach FL	City & State W. Palm Beach, FL
Zip 33409 Country Palm Beach	Zip 33409 Country Palm Beach

4. FEI Number 59-1869365 ☐ 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
GARLICK,MICHAEL 800 NO. OLIVE AVE. WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) 1764 N. Congress Ave Ste 200 City W. Palm Beach, FL FL Zip Code 33409

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] 4/17/01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD STEIN, ELLEN M. 800 NO OLIVE AVE WEST PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1764 N. Congress Ave Ste 200 W. Palm Beach, FL 33409	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEIN, ELLEN M. 800 NO OLIVE AVE WEST PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1764 N. Congress Ave Ste 200 W. Palm Beach, FL 33409	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Mimi Stein 561-687-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)