

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90991 002 \*\*\*158.75

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 841657**

1. Entity Name  
**HAZEN AND SAWYER, P.C.**

**C0058996**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4000 HOLLYWOOD BOULEVARD 7TH FLOOR- NORTH TOWER HOLLYWOOD FL 33021		Mailing Address 4000 HOLLYWOOD BOULEVARD 7TH FLOOR- NORTH TOWER HOLLYWOOD FL 33021		4. FEI Number <b>13-2904652</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent <b>ROBINSON, PETER HAZEN AND SAWYER, P.C. 4000 HOLLYWOOD BLVD., STE 750N HOLLYWOOD FL 33021</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
--	--	--	--	--	--	--	--

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, PETER E		NAME		
STREET ADDRESS	4620 JEFFERSON ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATRICK		NAME		
STREET ADDRESS	921 SOUTHEAST 8TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORS, GARY		NAME		
STREET ADDRESS	10565 NW 3RD PL		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGADORN, ROBERT E.		NAME		
STREET ADDRESS	507 DANBURY RD.		STREET ADDRESS		
CITY-ST-ZIP	RIDGEFIELD CT 06877		CITY-ST-ZIP		
TITLE	VDST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASTHENOS, JERRY		NAME		
STREET ADDRESS	20 E. 9TH ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10003		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT		NAME		
STREET ADDRESS	179 DEGRAW STREET		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 11231		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)(b), 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 fee empowered.

SIGNATURE: *Robert E. Hagadorn* 4/26/01 (212) 539-7077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #