

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED


03 OCT 21 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

700023959147
10/21/03--01010--027 **758.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # **F00000003166**
1. Entity Name
Peckar & Abramson A Professional Corporation



DO NOT WRITE IN THIS SPACE

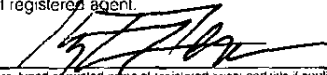
2. Principal Place of Business 70 Grand Avenue Suite, Apt. #, etc.	3. Mailing Address One S.E. Third Avenue Suite, Apt. #, etc. Suite 3050
City & State River Edge, New Jersey	City & State Miami, Florida 33131
Zip 07661	Country U.S.

4. FEI Number 22-2195219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Stephen H. Reisman	
Street Address (P.O. Box Number is Not Acceptable) One S.E. Third Avenue	
Suite 3050	
City Miami	FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Stephen H. Reisman** 10/15/03
(NOTE: Registered Agent signature required when reinstating) DATE

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD Peckar, Robert S. 70 Grand Avenue River Edge, NJ 07661	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Abramson, Richard L. 70 Grand Avenue River Edge, NJ 07661	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all of the like empowered.

SIGNATURE  **Richard L. Abramson** 10/15/03 201-343-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

nisha