


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90110 024 \*\*\*150.00

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<b>DOCUMENT # G96816</b>			
1. Entity Name <b>GREENSPOON, MARDER, HIRSCHFELD, RAFKIN, ROSS &amp; BERGER, P.A.</b>			
Principal Place of Business <b>% GERALD GREENSPOON 100 WEST CYPRESS CREEK ROAD, SUITE #700 FT LAUDERDALE FL 33309</b>		Mailing Address <b>% GERALD GREENSPOON 100 WEST CYPRESS CREEK ROAD, SUITE #700 FT LAUDERDALE FL 33309</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2402121</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>GREENSPOON, GERALD 100 WEST CYPRESS CREEK ROAD SUITE #700 FT LAUDERDALE FL 33309</b>		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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENSPOON, GERALD</b>	NAME	
STREET ADDRESS	<b>100 W CYPRESS CREEK ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARDER, MICHAEL</b>	NAME	
STREET ADDRESS	<b>100 W CYPRESS CREEK ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIRSCHFELD, NEAL</b>	NAME	
STREET ADDRESS	<b>100 W CYPRESS CREEK ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFKIN, GLEN</b>	NAME	
STREET ADDRESS	<b>100 W CYPRESS CREEK ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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:  **4/8/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)