2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

CHITE 214

4491 S. STATE ROAD 7

K90071 **DOCUMENT #**

1. Entity Name

Principal Place of Business

4491 S. STATE ROAD 7

WOLFSON & KONIGSBURG, P.A.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90705 034 ***150.00

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DAVIE FL 33314			DAVIE FL 33314									
2. Principal Place of Business			3. Mailing Address								BII BIBII IBBI	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State	!		City & State				4. F	4. FEI Number 59-2535658 Applied For Not Applicable				
Zip	Country			Zip		Country 5.		Certificate of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent							7. N	Name and Address of New Registered Agent				
						Name						
KONIGSBURG, ALAN H					St	reet Addre	ss (P.O. B	ox Number is Not Acceptable)				
4491 S. STATE ROAD 7												
SUITE 314												
DAVIE FL 3	33314				С	ity			FL	Zip Code	9	
the obligation			r the purpo	ose of changing its r	registered of	fice or regi	stered ag	ent, or both, in the State of Floi	rida. I am fa	amiliar with,	and accept	
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOTE:	Registered Age	nt signature req	uired when re	einstating)	DATE			
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 Fin. Trust Fund Contribution			0 May Be to Fees	
10.	4	OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
NAME STREET ADDRESS		I, ANDREA L. .R. 7, STE 314		☐ Delete	TITLE NAME STREET AD CITY-ST-Z					☐ Change	☐ Addition	
NAME STREET ADDRESS		JRG, ALAN H. .r. 7, STE 314		Delete	THTLE NAME STREET AD CITY-ST-Z					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ه سر پیرا		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z			, 	* -	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI CITY-ST-Z					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADI CITY-ST-Z	i i				Change	Addition	

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: X