

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90004 036 ***550.00

DOCUMENT # P00000044823

1. Entity Name
ADELSTEIN AND MATTERS, P.A.

Principal Place of Business
**16217 EMERALD COURT ROAD
 FT. LAUDERDALE FL 33331**

Mailing Address
**16217 EMERALD COURT ROAD
 FT. LAUDERDALE FL 33331**

2. Principal Place of Business
1435 S. MIAMI AVE
 Suite, Apt. #, etc.

3. Mailing Address
1435 S. MIAMI AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1004382

Applied For
 Not Applicable

Zip Country
33130 MIAMI-DADE

Zip Country
33130 MIAMI-DADE

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

**ADELSTEIN, STUART
 16217 EMERALD COURT ROAD
 FT. LAUDERDALE FL 33331**

Name
 Street Address (P.O. Box Number is Not Acceptable)
1435 S. MIAMI AVE
 City **MIAMI** FL Zip Code **33130**

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 **Michael A. Matters** **Michael A. Matters PARTNER** **9/12/01**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	ADELSTEIN, STUART
STREET ADDRESS	16217 EMERALD COURT ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL 33331
TITLE	D <input type="checkbox"/> Delete
NAME	MATTERS, MICHAEL
STREET ADDRESS	16217 EMERALD COURT ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL 33331
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTERS, MICHAEL
STREET ADDRESS	13130 SW 104 AVE
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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 an other like empowered.

SIGNATURE: **Michael A. Matters** **MICHAEL A. MATTERS** **9/12/01** **3053589222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

UBR-2001 1-2-2001 30 CR2E034 (5/01)