

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90201 002 ***150.00

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

Principal Place of Business
1435 S MIAMI AV
MIAMI FL 33130

Mailing Address
1435 S MIAMI AV
MIAMI FL 33130



2. Principal Place of Business
2929 SW 3rd AVE
Suite, Apt. #, etc.
SUITE 410

3. Mailing Address
2929 SW 3 AVE
Suite, Apt. #, etc.
SUITE 410

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number 65-1004382

Applied For
 Not Applicable

Zip 33129 Country USA

Zip 33129 Country USA

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
1435 S MIAMI AV
MIAMI FL 33130

Name STUART ADELSTEIN
Street Address (P.O. Box Number is Not Acceptable)
2929 SW 3rd AVE
SUITE 410
City MIAMI FL Zip Code 33129

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 *Stuart Adelshtein*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/03
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 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 D Delete
NAME ADELSTEIN, STUART
STREET ADDRESS 4461 BLOSSOM LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33331

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME MATTERS, MICHAEL
STREET ADDRESS 13130 SW 104 AV
CITY-ST-ZIP MIAMI FL 33176

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 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: *Stuart Adelshtein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03
Date

Daytime Phone #

CR2E034 (10/02)