FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # P00000054405 **Secretary of State** 1. Entity Name 02-13-2002 90011 041 ***150.00 BAZINSKY & KORMAN, P.A. Principal Place of Business Mailing Address 631 N.W. 71ST AVENUE 631 N.W. 71ST AVENUE UUULLIOU PLANTATION FL 33317 PLANTATION FL' 33317 7.112. 3. Mailing Address 2. Principal Place of Business 74 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1012548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _. KORMAN, DONALD G Street Address (P.O. Box Number is Not Acceptable) 631 N.W. 71ST AVENUE PLANTATION FL 33317 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/6)TITLE ☐ Delete TITLE Change ☐ Addition NAMÉ KORMAN, DONALD G NAME E034 STREET ADDRESS 631 N.W. 71ST AVENUE STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33317** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BAZINSKY, STEPHEN W NAME STREET ADDRESS STREET ADDRESS 1911 PRESTON DRIVE CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 acqurate 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

SIGNATURE:

changed, or on an attachment with arraddress, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR