2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90230 034 ***150.00

DOCUMENT # P01000098236

1. Entity Name
ADAM J. TIKTIN, P.A.

Principal Place of Business	Mailing Address
~~3741 NE 163 ST~~	~~3741 NE 163 ST~~
~~STSE 202~~	~~STSE 202~~
~~N MIAMI BEACH FL 33160~~	~~N MIAMI BEACH FL 33160~~

2. Principal Place of Business	3. Mailing Address
16850 Collins Ave.	16850 Collins Ave.
Suite, Apt. #, etc.: Suite 112-202	Suite, Apt. #, etc.: Suite 112-202
City & State: Sunny Isles Bch, FL	City & State: Sunny Isles Bch, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1150298 ☐ Applied For ☐ Not Applicable

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
DEEB, KEVIN L ESQ 2350 CORALW AY SUITE 4010 MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ________________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS TIKTIN, ADAM J ~~3741 NE 163 ST STE 202~~ ~~N MIAMI BEACH FL 33160~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 16850 Collins Ave, Ste 112-202 Sunny Isles Bch, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGNATURE REQUIRED 2/18/03 305-975-7450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)