FILED

Jan 23, 2003 8:00 am

954 928-2850

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

Secretary of State P02000063779 DOCUMENT # 01-23-2003 90108 040 ***150.00 1. Entity Name ALLAN E. LAUFER, P.A. Principal Place of Business Mailing Address 1283 N.W. 84TH DRIVE 1283 N.W. 84TH DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 7095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired roward roward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAUFER, ALLAN E Street Address (P.O. Box Number is Not Acceptable) 1283 N.W. 84TH DRIVE Glen MORE CORAL SPRINGS FL 33071 Zip Code 3307 8. The above named entity subgrits 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 registers (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete TITLE Laufer, allan e NAME NAME 12221 GLENMORE DRIVE 1283 N.W. 84TH DRIVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY - ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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