

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096885

1. Entity Name

LAW OFFICES OF NELSON & ASSOCIATES, P.A.

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90014 039 \*\*\*150.00

Principal Place of Business

Mailing Address

19495 BISCAYNE

19495 BISCAYNE

609

609

ADVENTURA FL 33180

ADVENTURA FL 33180

US

US

00009112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0628903

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NELSON, BARRY A  
19495 BISCAYNE  
SUITE 609  
ADVENTURA FL 33180

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.

SIGNATURE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 P  
NAME NELSON, BARRY A.  
STREET ADDRESS 19495 BISCAYNE BLVD, STE 609  
CITY-ST-ZIP ADVENTURA FL ☐ Delete

TITLE Marcia E. Levine  
NAME Marcia E. Levine  
STREET ADDRESS 19495 Biscayne Blvd, 609  
CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

TITLE D  
NAME NELSON, BARRY A.  
STREET ADDRESS 19495 BISCAYNE BLVD, STE 609  
CITY-ST-ZIP ADVENTURA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~D~~  
NAME ~~LA FEMINA, ROSE M.~~  
STREET ADDRESS ~~19495 BISCAYNE BLVD, STE 609~~  
CITY-ST-ZIP ~~ADVENTURA FL~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2001 305-932-2000

CR2E034 (10/00)