

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90147 017 \*\*\*150.00

DOCUMENT # **P96000002325**



1. Entity Name  
**ANNE NOVICK BRANAN, P.A.**

Principal Place of Business  
**SUITE 1130, 500 EAST BROWARD BOULEVARD  
BROWARD FINANCIAL CENTRE  
FORT LAUDERDALE FL 33394**

Mailing Address  
**SUITE 1130, 500 EAST BROWARD BOULEVARD  
BROWARD FINANCIAL CENTRE  
FORT LAUDERDALE FL 33394**



2. Principal Place of Business  
**Financial Plaza**

3. Mailing Address  
**Financial Plaza**

Suite, Apt. #, etc.  
**#2700**

Suite, Apt. #, etc.  
**#2700**

City & State  
**FL Lauderdale FL**

City & State  
**FL Lauderdale FL**

4. FEI Number **65-0636852**

Applied For  
Not Applicable

Zip  
**33394**

Country  
**USA**

Zip  
**33394**

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

**BRANAN, ANNE NOVICK  
SUITE 1130, 500 EAST BROWARD BOULEVARD  
BROWARD FINANCIAL CENTRE  
FORT LAUDERDALE FL 33394**

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 \_\_\_\_\_ (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	<b>D</b> <b>BRANAN, ANNE NOVICK</b> <b>SUITE 1130, 500 EAST BROWARD BOULEVARD</b> <b>FORT LAUDERDALE FL 33394</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerers.

SIGNATURE: Anne Novick Branan 1/18/03 # (954) 764-7060  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (10/02)