

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90002 013 \*\*\*158.75

**DOCUMENT # P97000000786**  
 1. Entity Name  
**LAW OFFICES OF ROBERT KRAVITZ, P.A.**

Principal Place of Business <b>155 SOUTH MIAMI AVE. PH-ONE MIAMI FL 33130</b>	Mailing Address <b>155 SOUTH MIAMI AVE. PH-ONE MIAMI FL 33130</b>
--	--



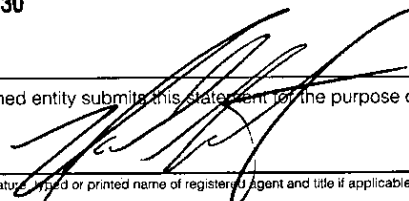
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0716171</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**KRAVITZ, ROBERT A ESQ.**  
**155 SOUTH MIAMI AVE. PH-ONE**  
**MIAMI FL 33130**

**7. Name and Address of New Registered Agent**  
 Name: **Kravitz, Robert A Esq.**  
 Street Address (P.O. Box Number is Not Acceptable): **155 South Miami Ave Suite # 1111**  
 City: **Miami** State: **FL** Zip Code: **33130**

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:  DATE: **2-16-02**

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD KRAVITZ, ROBERT A 155 SOUTH MIAMI AVE. PH-ONE MIAMI FL 33130</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD. KRAVITZ, ROBERT A 155 South Miami Ave Suite 1111 Miami, FL 33130</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

**SIGNATURE:**  DATE: **2-16-02** (305) 539-0003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)