

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90087 047 ***150.00

0105667

DOCUMENT # P97000009439

1. Entity Name
MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.

Principal Place of Business 3230 STIRLING ROAD HOLLYWOOD FL 33021	Mailing Address 3230 STIRLING ROAD HOLLYWOOD FL 33021
---	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number A	65-0721778	Applied For
		Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILGRIM, LAURIE E
MORRIS ENGELBERG & LAURIE E MILGRIM, P.A.
3230 STIRLING ROAD
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	DVP ENGLEBERG, MORRIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3230 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	DPST MILGRIM, LAURIE E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3230 STIRLING ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VP, Assist. Secretary Engelberg, Morris	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3230 Stirling Road	
CITY-ST-ZIP	Hollywood, Florida 33021	
TITLE NAME	D,P,S,T Milgrim, Laurie E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3230 Stirling Road	
CITY-ST-ZIP	Hollywood, Florida 33021	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *Laurie E. Milgrim* **LAURIE E. MILGRIM** **01/18/01** **(954) 966-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)