

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90001 009 \*\*\*150.00

0594386  
 AT

**DOCUMENT # P97000051622**  
 1. Entity Name  
**LAW OFFICES OF L. HAVARD SCOTT, III, P.A.**

Principal Place of Business Mailing Address  
**2211 NORTH BAY ROAD MIAMI BEACH FL 33140**  
**2211 NORTH BAY ROAD MIAMI BEACH FL 33140**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**650 West Ave Suite 704 Miami Beach, FL 33139 USA**  
**650 West Ave Suite 704 Miami Beach, FL 33139 USA**

4. FEI Number **43-6860745** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCOTT, HAVARD L III**  
**2211 NORTH BAY ROAD**  
**MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**650 West Ave**  
**Suite 704**  
 City **Miami Beach** FL Zip Code **33139**

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 *Harvard Scott* DATE **01/01/02**

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	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, HAVARD L III</b>	
STREET ADDRESS	<b>2211 NORTH BAY ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>650 West Ave, Suite 704</b>	
STREET ADDRESS	<b>Miami Beach, FL 33139</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Harvard Scott*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/01/02** Daytime Phone **305-673-6304**

CR2E034 (9/01)