

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90090 019 ***150.00

DOCUMENT # P980000000090

1. Entity Name
ALVIN D. LODISH, P.A.



Principal Place of Business
**2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2338**

Mailing Address
**2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2338**

2. Principal Place of Business
200 S. Biscayne Blvd

3. Mailing Address
200 S. Biscayne Blvd

Suite, Apt. #, etc.
Suite 2500

Suite, Apt. #, etc.
Suite 2500

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33131 USA

Zip Country
33131 USA

4. FEI Number **65-0806745**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LODISH, ALVIN D
200 SOUTH BISCAYNE BLVD.
SUITE 2500
MIAMI FL 33131-2338**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **D** ☐ Delete
NAME **LODISH, ALVIN D**
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Delete
NAME **LODISH, ALVIN D**
STREET ADDRESS **200 S. BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Delete
NAME **LODISH, ALVIN D**
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Delete
NAME **LODISH, ALVIN D**
STREET ADDRESS **200 S. BISCAYNE BLVD.**
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TITLE ☐ Delete
NAME **LODISH, ALVIN D**
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Delete
NAME **LODISH, ALVIN D**
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**
CITY-ST-ZIP **MIAMI FL 33131-2338**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **LODISH, ALVIN D**
STREET ADDRESS **200 S. Biscayne Blvd. Suite 2500**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Change ☐ Addition
NAME **LODISH, ALVIN D**
STREET ADDRESS **200 S. BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Change ☐ Addition
NAME **LODISH, ALVIN D**
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Change ☐ Addition
NAME **LODISH, ALVIN D**
STREET ADDRESS **200 S. BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Change ☐ Addition
NAME **LODISH, ALVIN D**
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**
CITY-ST-ZIP **MIAMI FL 33131-2338**

TITLE ☐ Change ☐ Addition
NAME **LODISH, ALVIN D**
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**
CITY-ST-ZIP **MIAMI FL 33131-2338**

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 empowered.

SIGNATURE: **SIGNATURE**

3/3/03

305-374-7580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0681612 EP
CR2E034 (10/02)