


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

DOCUMENT # P99000094983			
1. Entity Name KENNETH J. STRAUSS, CPA, CFP, P.A.			
Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 600 MIAMI, FL 33131		Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 600 MIAMI, FL 33131	
2. Principal Place of Business <i>315 EAST LOS OROS BL.</i>		3. Mailing Address <i>315 E. LOS OROS BL.</i>	
Suite, Apt. #, etc. <i>15th Fl.</i>		Suite, Apt. #, etc. <i>15th Fl.</i>	
City & State <i>FT. LAUDERDALE</i>		City & State <i>FT. LAUDERDALE</i>	
Zip <i>33301</i>		Zip <i>33301</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0957653		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent STRAUSS, KENNETH J 200 SOUTH BISCAYNE BLVD. SUITE 600 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>315 E. LOS OROS BL. 15th Fl.</i> City <i>FT. LAUDERDALE FL</i> Zip Code <i>33301</i>		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 <i>[Signature]</i>		DATE	
FILE NOW WITH FEE IS \$160.00 After May 17, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D STRAUSS, KENNETH J 200 SOUTH BISCAYNE BLVD. 6TH FL. MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>315 E. LOS OROS BL. 15th Fl. FT. LAUDERDALE, FL. 33301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 or without like empowerment.			
SIGNATURE: <i>[Signature]</i>		Date <i>4/30/03</i> 984-711-7000	

11041978



CHECK HERE IF MAKING CHANGES

CFR034 (10/02)