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

## S59462 DOCUMENT #

1. Entity Name

ENTIN, MARGULES & DELLA FERA, P.A.



**FILED** Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90138 042 \*\*\*150.00

Principal Place of Business 110 SE 6ST UNIT 1970 FORT LAUDERDALE FL 33301  2. Principal Place of Business			110 STE FOF	Mailing Address 110 SE 6ST UNIT 1970 STE. 1210 FORT LAUDERDALE FL 33301								
z. Principal	Place of Busin	1ess	3. Ma	ailing Address				1 1001.010 LG1 \$1110 10111 01111	#####	I BIDIY BIBII BIDII	1 D) D) H   D   D   D   D   D   D   D   D   D	
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				.  CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 65-0267210 Applied For			· · · · · · · · · · · · · · · · · · ·	
Zip		Country	Zip	)	Cour	ntry	5.	Certificate of Status Desired		\$8.75 Ac	lot Applicable	
	6. Name	and Address of Current	Register	ed Agent			7. (	Name and Address of New I	Registered	Fee Requir	<u> </u>	
MADCINI	EC LEON D	1				Name -	<del></del>	The second secon	~		<del></del> -	
	ES, LEON R			Street Address			ddress (P.O. B	s (P.O. Box Number is Not Acceptable)				
	ist unit a7 Uderdale 1							To A True To A True A T	~) 			
FURI LA	UDERDALE	FL 33301										
						City		<u> </u>	FI	Zip Cod	de	
8. The above	named entity	submits this statement for	or the purp	pose of changing its	registere	d office or	registered ag	ent, or both, in the State of Flo	orida Lam	familiar with	000 00000	
the obligat	tions of registe	ered agent.			•			or sour, in the diate of the	silda, Talli	namiliai with,	and accept	
SIGNATURE												
	Signature, typed o	or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	d Agent signatur	e required when re	einstating)	DATE			
F Äfter Make Check	ILE NOW!!! r May 1, 2000 c Payable to	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State				;	Election Campaign Fir     Trust Fund Contribution		\$5.0 Added	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.		AD	L DITIONS/CHANGES TO OFF	ICERS AND	) DIRECTOR	C IN 11	
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NAME STREET ADDRESS CITY-ST-ZIP	ENTIN, ALV 15621 SW PEMBROKI	vin e 12 street e pines fl 33027				ET ADDRESS ST-ZIP				□ onlinge	LJ Addition	
TITLE	ST			☐ Delete	TITLE				<del></del>			
NAME	MARGULES				NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1248 MAN				STREE	T ADDRESS						
	FURI LAUI	DERDALE FL 33326			CITY-	ST-ZIP	_					
TITLE NAME			-	Delete	-: -TITLE				. المنابعة على على المنابعة	- Change	Addition	
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NAME				_ 55,000	NAME					Change	Addition	
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ITY-ST-ZIP	<del></del>				CITY-S	T-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Specific 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 employees to execute this report as required by chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: