2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90278 044 ****50.00

DOCUMENT # L97000000151

1. Entity Name
ENGELBERG, ~~CANTOR~~ & MILGRIM, P.L.
ENGELBERG & MILGRIM, P.L.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SUITE #1	Suite, Apt. #, etc. SUITE #1
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0731477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CANTOR, JERALD C~~
~~ENGELBERG, CANTOR & MILGRIM PL~~
~~3230 STIRLING ROAD~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name: LAURIE E. MILGRIM
Street Address (P.O. Box Number is Not Acceptable): MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.
3230 STIRLING ROAD, SUITE #1
City: HOLLYWOOD, FL Zip Code 33021

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 [signature] LAURIE E. MILGRIM 01/09/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A. 3230 STIRLING ROAD HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGRM~~ XX Delete ~~J.C. CANTOR, P.A.~~ ~~3230 STIRLING ROAD~~ ~~HOLLYWOOD FL~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change ☐ Addition MORRIS ENGELBERG 3230 STIRLING ROAD, SUITE #1 HOLLYWOOD, FL. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MORRIS ENGELBERG 01/09/02 (954) 966-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #