

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90024 046 ***150.00

DOCUMENT # V64730

1. Entity Name

FREEMAN, DAWSON & ROSENBAUM, P.A.

Principal Place of Business

**3250 MARY ST.
 STE 100
 MIAMI FL 33133
 US**

Mailing Address

**3250 MARY ST.
 STE 100
 MIAMI FL 33133
 US**

2. Principal Place of Business

2601 S. Bayshore Drive

3. Mailing Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

19th Floor

Suite, Apt. #, etc.

19th Floor

City & State

Miami, FL

City & State

Miami FL

Zip

33133

Country

USA

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0371664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, LEWIS B.
 3250 MARY STREET
 STE 100
 MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Drive

19th Floor

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	T	<input type="checkbox"/> Delete
NAME	FREEMAN, LEWIS B.	
STREET ADDRESS	3250 MARY STR, STE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAWSON, RAQUEL V.	
STREET ADDRESS	3250 MARY STR, STE 100	
CITY-ST-ZIP	MIAMI FL	
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		
STREET ADDRESS	2601 S. Bayshore Drive, 19th Floor	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2601 S. Bayshore Drive, 19th Floor	
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 a similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02

305 443-1500

CR2E034 (9/01)