

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90227 050 ***150.00

DOCUMENT # P97000089632

1. Entity Name
LAW OFFICES OF RUSSELL D. BERNSTEIN, P.A.



Principal Place of Business
**9600 WEST SAMPLE ROAD
SUITE 507
CORAL SPRINGS FL 33065**

Mailing Address
**9600 WEST SAMPLE ROAD
SUITE 507
CORAL SPRINGS FL 33065**



2. Principal Place of Business
**3300 University Drive
Suite, Apt. #, etc.
Suite 804
City & State
Coral Springs, FL
Zip
33065
Country
USA**

3. Mailing Address
**3300 University Drive
Suite, Apt. #, etc.
Suite 804
City & State
Coral Springs, Florida
Zip
33065
Country
USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0790954** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, RUSSELL D.
9600 W. SAMPLE RD
STE 507
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **Bernstein, Russell D.**
Street Address (P.O. Box Number is Not Acceptable)
**3300 University Drive
STE 804
City Coral Springs FL Zip Code 33065**

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 **Russell D. Bernstein-President** DATE **2/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P BERNSTEIN, RUSSELL D. 9600 W. SAMPLE RD -STE 507 CORAL SPRING FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bernstein, Russell D. 3300 University Drive - STE 804 Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **RUSSELL D. BERNSTEIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 Date **934-752-2010** Daytime Phone #

CR2E034 (10/02)