P96000027258

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 JUN -6 PM 4:03

FOR FLORIDA PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600002758

1. Entity Name

Milton Gene Friedman, CPA, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 SE 3rd Avenue	
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33316 / County	Zip / County

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0652862 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Milton Gene Friedman

Street Address (P.O. Box Number is Not Acceptable): 800 SE 3rd Avenue

Suite 301

City: Ft. Lauderdale FL Zip Code: 33316

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 _____ (Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: President/Director NAME: Milton Gene Friedman STREET ADDRESS: 800 SE 3rd Avenue #301 CITY-ST-ZIP: Ft. Lauderdale, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Sec'y/Director NAME: Janice V. Friedman STREET ADDRESS: 800 SE 3rd Avenue #301 CITY-ST-ZIP: Ft. Lauderdale, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DC 6/9/03

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CR2E024B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Pres 954-763-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #