## 2002 Uniform Business Report (UBR)

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SIGNATURE:

## Mar 13, 2002 8:00 am 143561 DOCUMENT # **Secretary of State** 1. Entity Name **ERIE CORPORATION** 03-13-2002 90013 007 \*\*\*150.00 Principal Place of Business Mailing Address 8240 SW 103 ST 8240 SW 103 ST MIAM! FL 33156 **MIAMI FL 33156** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0607980 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINSTEIN, JANET Street Address (P.O. Box Number is Not Acceptable) 8240 SW 103RD ST **MIAMI FL 33156** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITI F TITLE WEINSTEIN, JANET NAME NAME 8240 S.W. 103 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP [ Change ☐ Addition VΡ ☐ Delete TITLE TITLE DEBLINGER, RONALD NAME STREET ADDRESS C/O AUDIOCOM-1800 OAK LANE PH401 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete GILBERT, ARTHUR I'M.D. NAME 6250 SUNSET DRIVE. 2ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition Delete TITLE WEINSTEIN, JANET NAME NAME 8240 SW 103 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

Daytime Phone #