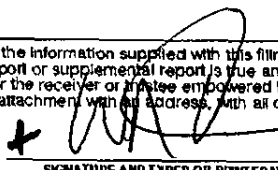


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91007 045 ***150.00

**2003 FOR PROFIT CORPORATION/
 UNIFORM BUSINESS REPORT (UBR)**

70053956

DOCUMENT # 521223					
1. Entity Name ROBBINS, TUNKEY, ROSS, AMSEL, RABEN, WAXMAN & EIGLARSH, P.A.					
Principal Place of Business % 2250 SOUTHWEST-THIRD AVENUE MIAMI, FL 33129			Mailing Address % 2250 SOUTHWEST THIRD AVENUE MIAMI, FL 33129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1709242			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TUNKEY, WILLIAM 2250 SW THIRD AVENUE MIAMI, FL 33129-2045			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when retaining) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ROSS, ALAN 2250 S W THIRD AVE MIAMI, FL 00000, ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ROBBINS, FRED 2260 S W THIRD AVE MIAMI, FL 00000, ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TUNKEY, WILLIAM 2250 S W THIRD AVE MIAMI, FL 00000, ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP AMSEL, ROBERT G 2250 SW 3RD AVE MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP RABEN, DAVID 2250 SW 3RD AVE MIAMI, FL ☐ 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		
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: 			4/28/03 305-858-9550		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CRZE034 (10/02)