

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90089 031 ***150.00

DOCUMENT # 547739

1. Entity Name
FRESHMAN FRESHMAN & TRAITZ, P.A.



Principal Place of Business
9130 S. DADELAND BLVD. #1701
TWO DATRAN CTR
MIAMI FL 33156

Mailing Address
9130 S. DADELAND BLVD. #1701
TWO DATRAN CTR
MIAMI FL 33156

2. Principal Place of Business
9155 S. DADELAND BLVD.

Suite, Apt. #, etc.

SUITE # 1014

City & State
MIAMI, FL.

Zip
33156

Country
USA

3. Mailing Address

9155 S. DADELAND BLVD.

Suite, Apt. #, etc.

SUITE # 1014

City & State
MIAMI, FL.

Zip
33156

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1769450**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRESHMAN, JERALD A.
9130 S. DADELAND BLVD #1701
TWO DATRAN CENTER
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

FRESHMAN, JERALD A.

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

9155 S. DADELAND BLVD. # 1014

City

MIAMI,

FL

Zip Code
33156

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 **JERALD A. FRESHMAN PD**

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

(NOTE: Registered Agent signature required when reinstating)

1/30/03

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

TITLE **PD** ☐ Delete
NAME **FRESHMAN, JERALD A**
STREET ADDRESS **9130 S DADELAND BLVD #1701**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
NAME **FRESHMAN, LAWRENCE N.**
STREET ADDRESS **9130 S DADELAND BLVD #1701**
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ Delete
NAME **TRAITZ, JAMES J.**
STREET ADDRESS **9130 S DADELAND BLVD #1701**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **9155 S. DADELAND BLVD. #1014**
CITY-ST-ZIP **MIAMI, FL. 33156**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9155 S. DADELAND BLVD. #1014**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9155 S. DADELAND BLVD. #1014**
CITY-ST-ZIP **MIAMI, FL. 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **JERALD A. FRESHMAN PD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/03

Daytime Phone #

CR2E034 (10/02)