

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

00176370
AV

03-03-2002 90066 003 ***150.00

DOCUMENT # 563169
 1. Entity Name
MARTIN R. PRESS, P.A.

Principal Place of Business BROWARD FINANCIAL CENTRE 500 E BROWARD BLVD., SUITE 1400 1400 FORT LAUDERDALE FL 33394	Mailing Address BROWARD FINANCIAL CENTRE 500 E BROWARD BLVD., SUITE 1400 1400 FORT LAUDERDALE FL 33394
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 E. Broward Blvd.	3. Mailing Address 500 E. Broward Blvd.
Suite, Apt. #, etc. Suite 1400	Suite, Apt. #, etc. Suite 1400
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL

4. FEI Number 59-1807020	Applied For <input type="checkbox"/> Not Applicable
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Zip 33394	Country USA	Zip 33394	Country USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PRESS, MARTIN R., ESQ.
 500 E BROWARD BLVD
 STE ~~1400~~ 1400
 FT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent
 Name
Martin R. Press, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
500 E. Broward Blvd.
Suite 1400
 City
Fort Lauderdale FL Zip Code **33394**

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 Martin R. Press, Esq. DATE 2/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.
 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESS, MARTIN R 500 E BROWARD BLVD 1400 #1400 FT LAUDERDALE FL <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Press, Martin R. 500 E. Broward Blvd., Suite 1400 Fort Lauderdale, FL 33394 <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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin R. Press, Esq., President 2/18/02 (954)462-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)