2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90127 017 ***150.00

0228251 AV

DOCUMENT # 564127

1. Entity Name
SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL, P.A.

Principal Place of Business
201 ALHAMBRA CIR 1102
CORAL GABLES FL 33134

Mailing Address
201 ALHAMBRA CIR 1102
CORAL GABLES FL 33134

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1777539 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SIEGFRIED, STEVEN M.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

CR2E034 (10/02)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Delete SIEGFRIED, STEVEN M 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Change XXX Addition Helio De La Torre 201 Alhambra Cir #1102 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☐ Delete RIVERA, OSCAR R. 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Change XX Addition Stuart H. Sobel 201 Alhambra Circle #1102 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Delete ARIAS, MARIA VICTORIA 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Delete HARRINGTON, JAMES F 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ☐ Delete KOZLOW, ELISABETH D 201 ALHAMBRA CIR 1102 CORAL GABLES FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Delete LEMER, LISA A 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change ☐ Addition Lerner, Lisa A.

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: SIGNATURE REQUIRED 4/2/03 305-442-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #