

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

0228251 AV

04-11-2003 90127 017 \*\*\*150.00

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1777539**

Applied For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEGFRIED, STEVEN M.  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134**

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIEGFRIED, STEVEN M	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	RIVERA, OSCAR R.	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ARIAS, MARIA VICTORIA	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HARRINGTON, JAMES F	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KOZLOW, ELISABETH D	
STREET ADDRESS	201 ALHAMBRA CIR 1102	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LEMER, LISA A	
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 1102	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Helio De La Torre	
STREET ADDRESS	201 Alhambra Cir. #1102 Coral Gables, FL	
CITY-ST-ZIP	33134	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart H. Sobel	
STREET ADDRESS	201 Alhambra Circle #1102	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lerner, Lisa A.	
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 title empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/2/03 305-442-3334

Date

Daytime Phone #

CR2E034 (10/02)