

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90048 038 ***150.00

02089893
 AV 5088020

DOCUMENT # 566259
 1. Entity Name
PONZOLI, WASSENBERG, SPERKACZ & KELLER, P.A.

Principal Place of Business 3250 MARY STREET SUITE 405 MIAMI FL 33133	Mailing Address 3250 MARY STREET SUITE 405 MIAMI FL 33133
---	---



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 **59-1796091** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PONZOLI, RONALD P.
 3250 MARY STREET, SUITE 405
 MIAMI FL 33133**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	S <input type="checkbox"/> Delete
NAME	PONZOLI, RONALD P.
STREET ADDRESS	3250 MARY STREET, SUITE 405
CITY-ST-ZIP	MIAMI FL 33133
TITLE	P <input type="checkbox"/> Delete
NAME	WASSENBERG, RICHARD L.
STREET ADDRESS	3250 MARY STREET, SUITE 405
CITY-ST-ZIP	MIAMI FL
TITLE	V <input type="checkbox"/> Delete
NAME	SPERKACZ, ZORIAN
STREET ADDRESS	3250 MARY STREET, SUITE 405
CITY-ST-ZIP	MIAMI FL
TITLE	T <input type="checkbox"/> Delete
NAME	KELLER, JOHN P
STREET ADDRESS	3250 MARY STREET, SUITE 405
CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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	

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: *Signature Required* **RONALD P. PONZOLI** 02/12/02 (305) 442-1654
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)