

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

FILED
May 23, 2002 8:00 A.
Secretary of State

DOCUMENT # **591903**
1. Entity Name
JEFFREY A. FRIEDMAN, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 SW 129 Ave
Suite, Apt. #, etc.
408
City & State
Pembroke Pines, FL
Zip
33027
Country
BROWARD

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

2002 UBR

4. FEI Number
59-1859894
Applied For
Not Applicable
5. Certificate of Status **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Friedman, Jeffrey**
Street Address (P.O. Box Number is Not Acceptable)
1 SW 129 Ave, Suite 408
City **Pembroke Pines** FL Zip Code **33027**

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. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | President Friedman, Jeffrey 1 SW 129 Ave, Suite 408 Pembroke Pines, FL 33027 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200005979952--6 -06/25/02--01070--014 ***150.00 ***150.00 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jeffrey A. Friedman** **6-2-02** **954-435-9701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)