

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0303151 AV

**DOCUMENT # 596561**  
 1. Entity Name  
**RICHARD PERLINI, P.A.**

02-04-2002 90013 050 \*\*\*150.00

Principal Place of Business <b>200 E BROWARD BLVD          SUITE 1210          FT LAUDERDALE FL 33301          US</b>	Mailing Address <b>200 E BROWARD BLVD          SUITE 1210          FT LAUDERDALE FL 33301          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>110 SE 6th Street          Suite, Apt. #, etc.          Suite 1920          Ft. Laud., FL          33301 US</b>	3. Mailing Address <b>110 S.E. 6th Street          Suite, Apt. #, etc.          Suite 1920          Ft. Laud., FL          33301 US</b>
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4. FEI Number <b>59-1878131</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PERLINI, RICHARD  
 200 E BROWARD BLVD  
 SUITE 1210  
 FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
 Name **Richard Perlini**  
 Street Address (P.O. Box Number is Not Acceptable)  
**110 S.E. 6th Street  
 Suite 1920**  
 City **Ft. Laud.** FL Zip Code **33301**

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 DATE **1/14/02**  
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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>PERLINI, RICHARD</b>	
STREET ADDRESS <b>200 E BROWARD BLVD., #1210</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Perlini, Richard</b>	
STREET ADDRESS <b>110 S.E. 6th Street, #1920</b>	
CITY-ST-ZIP <b>Ft. Laud., FL</b>	
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: DATE **1/14/02** DAYTIME PHONE # **954/667-6767**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)