

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90094 022 ***150.00

DOCUMENT # 601416

1. Entity Name
WOLFSON, DIAMOND & GROSSMAN, P.A.

Principal Place of Business
407 LINCOLN ROAD
5TH FLOOR
MIAMI BEACH FL 33139

Mailing Address
407 LINCOLN ROAD
5TH FLOOR
MIAMI BEACH FL 33139

A0054380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11900 Biscayne Blvd.

3. Mailing Address
11900 Biscayne Blvd.

7 Suite, Apt. #, etc.
Suite 760

Suite, Apt. #, etc.
Suite 760

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 59-1270000

Applied For
Not Applicable

Zip
33181

Country

Zip
33181

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

WOLFSON, RICHARD S.
407 LINCOLN ROAD
MIAMI FL 33139

Name
Richard S. Wolfson

Street Address (P.O. Box Number is Not Acceptable)

11900 Biscayne Blvd.
Suite 760

City Miami, FL Zip Code 33181

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

4/17/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WOLFSON, RICHARD S. ☐ Delete
STREET ADDRESS 407 LINCOLN ROAD
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D, P, VP, S, T ☒ Change ☐ Addition
NAME Wolfson, Richard S.
STREET ADDRESS 11900 Biscayne Blvd., Suite 760
CITY-ST-ZIP Miami, FL 33181

TITLE S ☒ Delete
NAME DIAMOND, LEONARD J
STREET ADDRESS 407 LINCOLN RD
CITY-ST-ZIP MIAMI BCH. 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

305-893-5656

CR2E034 (10/00)