

DOCUMENT # 602993

NEIL EINHORN DR., P.A.

9885 SUNSET DR
MIAMI FL 33173
US

3225 AVIATION AVE.
SUITE 500
MIAMI FL 33133

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

7. Name and Address of New Registered Agent

EINHORN, NEIL —
9885 SUNSET DR.
MIAMI FL 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EINHORN, NEIL	
STREET ADDRESS	9885 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR NEIL EINHORN

Date _____

1-20-0

Daytime Phone # _____

305 595-2020

CR2E034 (10/00)