2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

603357 **DOCUMENT#**

1. Entity Name

NELSON & FELDMAN, P.A.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90435 029 ***150.00

				•	"	GOO WE THE					
Principal Place of Business 1111 KANE CONCAUSE			Mailing Address 1111 KANE CONCAUSE								
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2. Principal Place of Business			3. Mailing Address						BYBY BURN BURN	I BYBII BIAKI KBAL	
2. Fillicipal Flace of Business			J. Maining Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-				
Suite, Apt. #, etc.			Suite, Apr. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City 9 Ctot			City	9 Ctoto			4 CCI Niverban		- 1 1	Applied For	7
City & State			City & State				4. FEI Number 59-1373378			Not Applicable	┨
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Zip Country		Zip Co.		Country	ì	5. Certificate of Status Desired		\$8.75 A			
									Fee Requ	irea	-
	6. Name a	nd Address of Current	t Registered Agent				7. Name and Address of New Registered Agent				┨
					Na	me				•	
NELSON,1	THEODORE F	}				Street Address (P.O. Box Number is Not Acceptable)					-
9911 W B	ROADVIEW D)R				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI RE	ACH FL 3315	Δ				•					1
	11011 7 2 00 10	• •									1
•						/		Fl	Zip Co	ode	
A 70 /			_				(F)		<i>- y</i>		4
 the above the obligat 		submits this stateme	·	ng its re	gistered offi	ce or registered	agent, or both, in the State of Fic	rida. I am	- ✓ miliar wit	n, and accept	
FF the obligat							•				
SIGNATURE	<u> </u>		-					12)
SIGNATORE	Signatur ¥ typed or	риптец нагле от години		(NOTE: P	Registered Agent	signature required wh	nen reinstating)	DATE	·		
		EEE 10 6450.00	· ·	~			<u> </u>				1
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Fir	ancing	\$5	.00 Mav Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Trust Fund Contributio	n. I	☐ Add	led to Fees	1	
	K rayable to i										1
10.		OFFICERS AND	DIRECTO	R\$	11.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 11	_ إ
TITLE	PD			☐ Delete	TITLE				Change	e 🔲 Addition	3
NAME	NELSON,TH				NAME						100
STREET ADDRESS	9911 W. BR	oadview dr.			STREET ADDI	RESS					1 2
CITY-ST-ZIP	Miami Beac	CH FL			CITY-ST-ZIP						8
TITLE	SD			Delete .	TITLE		CONTRACTOR CONTRACTOR		☐ Change	e	12
NAME	FELDMAN,M	RCHAEL K		☐ Delete	NAME						10
	9332 BAY D)ECC					Ì
	SURFSIDE F				STREET ADDR	1					
CITY-ST-ZIP	SUNFOIDE I	L			CITY-ST-ZIP						1
TITLE]	The second second second		☐ Delete	TITLE	-	· -		Change	Addition	
NAME	l				NAME						1

CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an other like empowered.

STREET ADDRESS

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