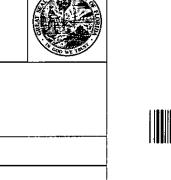
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 604031 **DOCUMENT #**

1. Entity Name

KRAMER & GOLDEN, P.A.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90146 040 \*\*\*150.00

| Principal Place of Business 12000 BISCAYNE BLVD. STE 500 NORTH MIAMI FL 33181 US 2. Principal Place of Business  |   | STE 500                   | 12000 BISCAYNE BLVD.<br>STE 500<br>NORTH MIAMI FL 33181<br>US |   |      |   |    |                    |           |  |
|--|---|---------------------------|---|---|------|---|----|--------------------|-----------|--|
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.       | Suite, Apt. #, etc.   |   |      | ☐ CHECK HERE IF MAKING CHANGES                                    |    |                    |           |  |
| City & Stat  | e   | City & State              | City & State  |   |      | 4. FEI Number 59-1433838 Applied For Not Applicable               |    |                    |           |  |
| Zíp  | Country   | Zip                       | Zip Coun  |   |      | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |    |                    |           |  |
| 6. Name and Address of Current Registered Agent KRAMER, SANFORD H  |   |                           |   | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) |      |   |    |                    |           |  |
| 12000 BIS<br>STE 500   | SCAYNE BLVD<br>)  |                           |   |   |      |   |    |                    |           |  |
| N MIAMI  | FL 33181  |                           | City  |   |      |   | FL | Zip Code           | 9         |  |
| 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. I am familiar with, and accept the obligations of registered agent.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be |   |                           |   |   |      |   |    |                    |           |  |
| Make Check   | Payable to Florida Departmen  | t of State                |   |   |      | Trust Fund Contributio  |    |                    | I to Fees |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | STD GOLDEN, RICHARD A 12000 BISCAYNE BLVD /STE NORTH MIAMI FL         | ND DIRECTORS  Delete  500 |   | i   |      | ADDITIONS/CHANGES TO OFF  | _  | HRECTORS  ☐ Change | Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>KRAMER, SANFORD H<br>12000 BISCAYNE BLVD /STE<br>NORTH MIAMI FL | □ Delete <b>500</b>       |   |   |      |   | [  | ] Сћапде           | Addition  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |   | Delete-                   |   |   | •    |   | С  | ] Change           | Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                  |   |   |      |   | [  | ☐ Change           | Addition  |  |
| TITLE NAME STREET ADORESS CITY-ST-ZIP  |   | ☐ Delete                  |   |   |      |   |    | Change             | Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | pertify that the information supplied v                               | ☐ Delete                  | CITY  | E<br>Et address<br>-st-zip  | 11.6 |   |    | Change             | Addition  |  |

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 address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE THO THAT DE PRINTED THE DESCRING OFFICER OR DIRECTOR

1/6/03

305-899-1800