2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

200 S. BISCAYNE BLVD.

MIAMI FL 33131-2338

SUITE 3600, 1ST UNION FIN CNTR.

DOCUMENT # 604177

1. Entity Name

Principal Place of Business

SUITE 3600, 1ST UNION FIN CNTR

2. Principal Place of Business

200 S. BISCAYNE BLVD.

MIAMI FL 33131-2338

Suite, Apt. #, etc.

KORNREICH, CASEY, CROSLAND & BRAMNICK, P.A.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90186 002 ***150.00

JUUUUURJJ

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☐ CHECK HERE IF MAKING CHANGES

							14-	ilad C	
City & State		City & State	City & State		59-144815	3		olied For Applicable	
Zip	Country	Zíp	Country	5. (Dertificate of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Current R		7. Name and Address of New Registered Agent						
			Name					b .	
	(, JAMES S		Street Address (P.O. Box I		ox Number is Not Acceptabl	e)			
200 S BISCAYNE BLVD., STE 3600									
MIAMI FL 33131									
			City	City			Zip Code		
				<u></u>		· · · · ·	<u> </u>		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	LE NOW!!! FEE IS \$150.00				9. Election Campaign F	inancing		May Be	
After May 1, 2003 Fee will be \$550.00		,	·		Trust Fund Contributi	on. \square	Added	to Fees	
Make Check	Payable to Florida Department of	State				5.5550 AVIS	DIDECTOR) (b) d d	
10.	, OFFICERS AND I	DIRECTORS	11.	A	DITIONS/CHANGES TO OF				
TITLE	PD July	☐ Delete	TITLE	SVP		•	X Change	Addition	
NAME	KORNREICH, DAVID V.		NAME	MANDEL	, JEFFREY E.				
STREET ADDRESS	255 S. ORANGE AVENUE		STREET ADDRESS		AKEVIEW OAKS DR	IVE			
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	LONGWO	OD, FL 32779				
TITLE .	SVPD EVP D	☐ Delete	TITLE	VP			Change	☐ Addition	
NAME	CROSLAND, JAMES C.	Change	NAME	HEEKIN, DENISE M. 1204 ORANGE ISLE					
STREET ADDRESS	6301 SW 99TH TERR	_	STREET ADDRESS				_	-	
CITY-ST-ZIP .	-MIAMI.FL 33156		CITY-ST-ZIP	FORT-L	AUDERDALE, FL	333 <u>15</u>			
TITLE	-VP SVP	□ Delete	TITLE	VP			X Change	☐ Addition	
NAME	ROGERS, GORDON D	Change	NAME		PAUL T., JR.				
STREET ADDRESS	1609 SE 12TH STREET		STREET ADDRESS		W 183RD TERRACE			•	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		CITY-ST-ZIP	MIAMI,	FL 33157				
TITLE	SVPD EVP D	☐ Delete	TITLE				Change	☐ Addition	
NAME	CASEY, MICHAEL\W. III	Change	NAME						
STREET ADDRESS	16060 SW 77TH COURT	_	STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP						
TITLE	STD EVPST D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	BRAMNICK, JAMES S	Change	NAME						
STREET ADDRESS	10220 SW 60TH AVE		STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	_					
TITLE	₩P EVPASAT D	☐ Delete	TITLE		· — · · — ·		Change	☐ Addition	
NAME	JOHNSON, CARMEN S	Change	NAME						
STREET ADDRESS	6952 SW 149TH TER	,	STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33158		CITY-ST-ZIP					·	
i							att. All at the a fire	- fation	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE!

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Bramnick

Date

(305) 358-5500

Daytime Phone #

CR2E034 (10/0