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

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)		FILED Jan 13, 2003 8:00 am	
DOCUMENT # 604459		Secretary of State	
1. Entity Name ZEMEL LAW FIRM, P.A.		01-13-2003 90667 01	
Principal Place of Business 4700-B SHERIDAN ST 4700-B SHERIDAN ST HOLLYWOOD FL 33021 US Mailing Address 4700-B SHERIDA HOLLYWOOD FL US	IN ST	; 	IK OKOÚ OLKU OKOU DUPY IDA)
2. Principal Place of Business 7301 A. Walling Address Polymeth Park R			
Suite Apt. # etc. Suite, Apt. #, e	tc.	CHECK HERE IF MAKING	CHANGES
Bity & State Ratio FL Bity & State Rity & State	RMAR	4. FEI Number 59-1469482	Applied For Not Applicable
6. Name and Address of Current Registered Agent	3 Printry		8.75 Additional ee Required
ZEMEL, MORTON	Name	7. Name and Address of New Registered A	gent
4700-B SHERIDAN ST HOLLYWOOD FL 33021	-green anips	O. Box Number is not Acceptable of Page	n) RA
	Boza	R Mary FL	Z1983477
8. The above named enlity submits this statement for the durpose 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 Net flayblicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS TITLE PD Dele	11. te IIILE	ADDITIONS/CHANGES TO OFFICERS AND D	
NAME ZEMEL, MORTON B. STREET ADDRESS 4700 - B SHERIDAN ST CITY-ST-ZIP HOLLYWOOD FL 33021	NAME STREET ADDRESS CITY-ST-ZIP	DI A West Palmetto	Change Addition Park
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	NAME STREET ADDRESS	A Wast Palmeto PA	Change Addition
TITLE Delet	CITY-ST-ZIP	r Korry TUSSOTS	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	e TITLE NAME STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE Delete	CITY-ST-ZIP B TITLE		Change
NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-SI-ZIP	L	Change Audition
TITLE Delete	TITLE NAME		Change
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		
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 triat 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 febort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if			
SIGNATURE: SIGNATURE: SIGNATURE ANALYPED OR PRINTED NAME OF SIGNATURE OF			