| 2000 | O UNIFORM BUSI | NESS REPO | HI | (ORK) | _ | | | |
|--|--|--|----------------------------|---|---|--|-------------------------------|-----------------------------|
| DOCU 1. Entity Nam | | 545 | | FILED Sep 07, 2000 8:00 am | | | | |
| DO | | | Secretar 09-07-2000 900 | • | | | | |
| Principal Plac | e of Business | Mailing Address | _ | | 1 | 09-07-2000 900 | 104 028 *****1 | .50.00 |
| | y Eiglarsh eston Rd. , FL 33331 | Dorothy Eiglarsh 2500 Weston Rd. Weston, FL 33331 | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | 1 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | e | City & State | | 4. FEI | Number 59-2018218 | | Applied For Not Applicable | |
| Zip | Country Zip Co | | Coun | ntry . | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | _ 6. Name and Address of Current F | legistered Agent | | | 7. Na | me and Address of New Regis | itered Agent | |
| | Name | | | | | | | |
| Kahn, Donald J. 627 71st Street Miami Beach, FL 33141 | | | | 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 re | egister | ed office or register | red ageni | t, or both, in the State of Florida | 1 | |
| | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent as | nd title if applicable. (NOTE: I | Registere | ed Agent signature required | d when re:ns: | lating) | 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 After MAY:1, 2000 Fee Make Check Payable to De | | | | will be \$550.00 | SAGE T | 10. Election Campaign Financ Trust Fund Contribution | · | 5.00 May Be dded to Fees |
| 11. | OFFICERS AND I | The state of the s | T 12. | on the state of the bank of the state of the state. | Q1,43 | TIONS/CHANGES TO OFFICE | RS AND DIREC | TORS IN 11 |
| NAME STREET ADDRESS | | | | | | | ☐ Cha | nge 🗌 Addition |
| CITY-ST-ZIP | Weston, FL 331 | | ╂ | -ST-ZIP | <u>.</u> | | CI cho | ana Maddition |
| NAME STREET ADDRESS CITY-ST-ZIP | 2500 Weston Road | | | | | | ☐ Cha | inge [] Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | water Manne | - [] Cha | nge 🔲 Addilion |
| TITLE NAME STREET ADDRESS | | ☐ Defete | TITLE NAM STRE | E BE EET ADDRESS | | | ☐ Cha | nge 🗌 Addilion |
| CITY-ST-ZIP | | ☐ Defete | CITY | - ST- ZIP | | | Cha | inge 🔲 Addition |
| NAME STREET ADDRESS City+St-Zip | | | | EET ADDRESS '-ST-ZIP | | | | |
| TITLE NAME | | [] Detete | TITLE | E | | | ☐ Cha | nge 🔲 Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STRE | EET ADDRESS '-ST-ZIP | | | | , |
| indicated of the cor | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address. | true and accurate and that my wered to execute this report as | / siana | ture shall have the | same led | al effect as if made under oath Statutes; and that my name ap | : that I am an of | licer or director |
| SIGNAT | URE: SIGNATURE AND TYPED OR PR | INVED NAME OF SIGNING OFFICER OF | R DIRECT | TOR | | 8-31-00 Date | Dayume Pho | me # |

attachment doe #

684545 BOIDSIZ3

DOROTHY EIGLARSH, P.A. 2500 Weston Road Suite 105 Weston, FL 33331

August 31, 2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dorothy Eiglarsh, P.A. Document #: 684545

Fein: 59-2018218

Gentlemen:

Please be advised that, to date, we have not received our 2000 Uniform Business Report. We have since moved from our former location to a new location and have had numerous problems with receiving our mail.

As per the advice of our accountant, I am enclosing a check in the amount of \$150.00, along with an application form. Please make note of the current mailing address above for any correspondence.

Please review our file and advise accordingly.

Very truly yours,

David Éiglarsh