04/29/2002 17:29 954-385-9284 JOEL SANDERS 5/2

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-27-2002 90427 029 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 684545

1. Entity Name

DOROTHY OR DAVID EIGLARSH, PA

DO NOT WRITE IN THIS SPACE

[redacted]

36679

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O L EIGLARSH	1536 N. PARK DRIVE
Suite, Apt. #, etc. 2579 MAYFAIR LANE	Suite, Apt. #, etc. SUITE 103
City & State WESTON, FL	City & State WESTON, FL
Zip 33327 Country USA	Zip ~~33326~~ Country USA

4. FEI Number 59-2018218 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DONALD J. KAHN

Street Address (P.O. Box Number is Not Acceptable) 627 71ST STREET

City MIAMI BEACH FL Zip Code 33141

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.

SIGNATURE ______________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	DOROTHY EIGLARSH	NAME	
STREET ADDRESS	2500 WESTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	LAWRENCE EIGLARSH	NAME	
STREET ADDRESS	2500 WESTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Eiglarsh June 17, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #