FILED
Feb 27, 2003 8:00 am
Secretary of State
02-27-2003 90125 034 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F17785

1. Entity Name
LAURENCE FEINGOLD PROFESSIONAL ASSOCIATION

90037767

Principal Place of Business	Mailing Address
407 LINCOLN ROAD SUITE 708 MIAMI BEACH, FL 33139	10891 SW 58 AVE MIAMI, FL 33156 US

2. Principal Place of Business	3. Mailing Address
	407 Lincoln Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 708
City & State	City & State Miami Beach
Zip / Country	Zip FLA 33139 / Country Miami Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2075962 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FEINGOLD, LAURENCE
~~10891 SW 58 AVE~~
~~MIAMI, FL 33156~~
407 Lincoln Rd
Suite 708
Miami Beach 33139

7. Name and Address of New Registered Agent

Name

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 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] 2/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FEINGOLD, LAURENCE 407 LINCOLN RD #708 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E004 (10/02)

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 all other like empowered.

SIGNATURE: [signature] 2/25/03 305-538-1686
Signature of officer or director Date Daytime Phone