

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90113 019 \*\*\*150.00

CONTAINER AV

**DOCUMENT # F24617**  
 1. Entity Name  
**DAVID S. WIEDER, P.A.**

Principal Place of Business <b>1401 BRICKELL AVE          STE 510          MIAMI FL 33131          US</b>	Mailing Address <b>DAVID S. WIEDER, P.A.          Attorney at Law          1401 BRICKELL AVE          STE 510          MIAMI FL 33131          US          25 S.E. 2<sup>nd</sup> Avenue, Suite 1135          Miami, Florida 33131          305.371.7111</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>DAVID S. WIEDER, P.A.          Attorney at Law          25 S.E. 2<sup>nd</sup> Avenue, Suite 1135          Miami, Florida 33131</b>	3. Mailing Address Suite, Apt. #, etc. <b>25 S.E. 2<sup>nd</sup> Avenue, Suite 1135          Miami, Florida 33131</b>
City & State <b>Miami, Florida 33131</b>	City & State
Zip <b>305.371.7111</b>	Zip Country

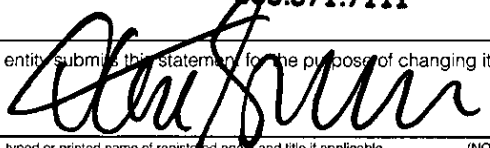
4. FEI Number <b>59-2084670</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**DAVID S. WIEDER, P.A.  
 Attorney at Law  
 1401 BRICKELL AVE  
 STE 510  
 MIAMI FL 33131**

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.

SIGNATURE  DATE **5/9/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVT WIEDER, DAVID S 1401 BRICKELL AVE #5110 MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Attorney at Law 25 S.E. 2<sup>nd</sup> Avenue, Suite 1135 Miami, Florida 33131 305.371.7111</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID S. WIEDER, P.A.</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **5/9/02** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)