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

Mailing Address

LAUDERHILL FL 33351

## F33719 DOCUMENT #

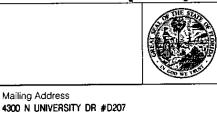
1. Entity Name

BRUCE H. BASKIND, P.A.

Principal Place of Business

LAUDERHILL FL 33351

4300 N UNIVERSITY DR #D207



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90407 036 \*\*\*150.00

ROTPYRRE

2. Principal Place of Business		3. Mailing Address		T 1881/84 (1982 17/18) 17/11/ 1888/ 17/18/ 18/1 8/18/1 6/18/1 6/18/1 8/18/1 8/18/1 8/18/1	11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2193959 Applied For Not Applied			
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Agent			
			Name				
BASKIND, BRUCE H 4300 N UNIVERSITY DR #D207 LAUDERHILL FL 33351				Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
the obligation	named entity submits this statement funds of registered agent.		s registered office or reg	egistered agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida.	ept		
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 \$5.00 May E Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
10.	OFFICERS ANI	<del></del>	11.		lition		
NAME STREET ADDRESS	DP Baskind, Bruce H 1300 N Univ DR D207 Auderhill Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change L Add	MIOH		
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I hereby certify that the information supplied with this filling 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:

120 Brued Baskind