

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90026 046 ***150.00

DOCUMENT # F96912

1. Entity Name
KOPELMAN AND BLANKMAN, P.A.

Principal Place of Business
 % **LAWRENCE M. KOPELMAN**
ONE FINANCIAL PLAZA, SUITE 1611
FT. LAUDERDALE FL 33394

Mailing Address
 % **LAWRENCE M. KOPELMAN**
ONE FINANCIAL PLAZA, SUITE 1611
FT. LAUDERDALE FL 33394



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA

Suite, Apt. #, etc.
SUITE 2510

3. Mailing Address

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.
SUITE 2510

City & State
Ft. Lauderdale, FL Ft. Lauderdale, FL

4. FEI Number **59-2232256**

Applied For
 Not Applicable

Zip Country Zip Country
33394 USA 33394 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOPELMAN, LAWRENCE M.
ONE FINANCIAL PLAZA, SUITE 1611 2510
FT. LAUDERDALE FL 33394

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOPELMAN, LAWRENCE M. ONE FINANCIAL PLAZA 1611 FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOPELMAN, LAWRENCE M. SUITE 2510-ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANKMAN, DOUGLAS A. ONE FINANCIAL PLAZA 1611 FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANKMAN, DOUGLAS A. SUITE 2510-ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *SK [Signature]* **1-11-02** **(954) 462-6855**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)