

DOCUMENT # G15329

1. Entity Name  
HOWARD MARK FURMAN, ESQ., P.A.

Principal Place of Business Mailing Address  
1200 S PINE ISLAND RD 1200 S PINE ISLAND RD  
STE 220 STE 220  
PLANTATION FL 33324 PLANTATION FL 33324-4459  
US US

2. Principal Place of Business 3. Mailing Address  
11870 WEST STATE RD #84 11870 WEST STATE RD #84  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
C-12 C-12  
City & State City & State  
DAVIE, FLORIDA DAVIE, FLORIDA  
Zip Country Zip Country  
33325 USA 33325 USA

6. Name and Address of Current Registered Agent  
FURMAN, HOWARD M  
CORNERSTONE ONE STE. 220  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

4. FEI Number 59-2263331 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

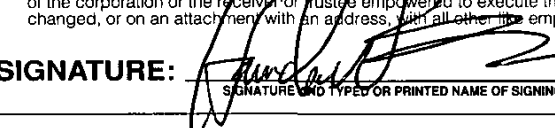
7. Name and Address of New Registered Agent  
Name HOWARD MARK FURMAN  
Street Address (P.O. Box Number is Not Acceptable)  
11870 WEST STATE RD #84  
SUITE C-12  
City DAVIE FL Zip Code 33325

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  HOWARD MARK FURMAN, PRESIDENT 1/4/01  
(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, 2001 Fee will be \$250.00  
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 FURMAN, HOWARD MARK 1423 CAPRI LANE #3902 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWARD MARK FURMAN 12595 NW 67TH DRIVE PARKLAND, FL 33076 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 titles empowered.

SIGNATURE:  HOWARD MARK FURMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT  
Date 1/04/01 Daytime Phone # (954) 424-6000

FILED  
Jan 10, 2001 8:00 am  
Secretary of State  
01-10-2001 90008 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)