

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90343 020 \*\*\*150.00

**DOCUMENT # G16413**

1. Entity Name

**LAW OFFICES OF WILLIAM S. BLATT, PROFESSIONAL ASSOCIATION**



Principal Place of Business

**318 SE 8TH STREET  
FT. LAUDERDALE FL 33316  
US**

Mailing Address

**318 SE 8TH STREET  
FT. LAUDERDALE FL 33316  
US**

2. Principal Place of Business

**1001 NE 26 ST**

3. Mailing Address

**1001 NE 26 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT LAUDERDALE FL**

City & State

**FT LAUDERDALE FL**

Zip

**33305**

Country

**BROWARD**

Zip

**33305**

Country

**BROWARD**

4. FEI Number

**59-2240868**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BLATT, WILLIAM S  
318 SE 8TH STREET  
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1001 NE 26 ST**

City

**FT LAUDERDALE**

FL

Zip Code

**33305**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
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	<b>PST BLATT, WILLIAM S 318 SE 8TH STREET FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1001 NE 26 ST FT LAUDERDALE FL 33305</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLATT, WILLIAM S. 318 SE 8TH STREET FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1001 NE 26 ST FT LAUDERDALE FL 33305</b> <input checked="" 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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/10/03**

Daytime Phone #

**954 567 1412**

CR2E034 (10/02)