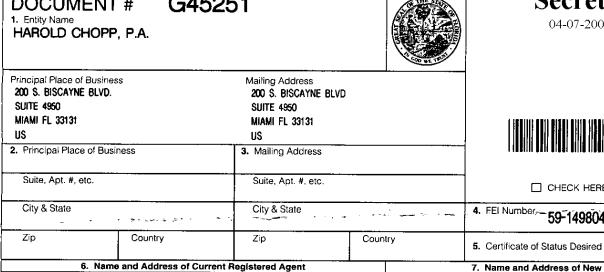
## FILED Apr 07, 2003 8:00 am § Secretary of State ,

\$8.75 Additional

04-07-2003 91052 035 \*\*\*150.00

	R PROFIT (		
UNIFORM	BUSINESS	REPORT	(UE
DOCUMENT #  1. Entity Name HAROLD CHOPP, P.A	G	-	



☐ CHECK HERE IF MAKING CHA	NG	ES
FEI Number 59-1498049	•	Applied For
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CHOPP, HAROLD 200 SOUTH BISCAYNE BOULEVARD **SUITE 4950** MIAMI FL 33131

	Fee Required ·					
7. Name and Address of New Registered Agent						
Name						
	•					
Street Address (P.O.	Box Number is Not Accepta	ible)				
	,					
			***			
City			Zip Code			
office or registered a	agant or both in the State of	Clarida I am famil	سياس استعمال الماهات والمسائد			

8. The above the obliga	e named entity submits this statement for the purpose of chan tions of registered agent.	nging its registered office or registered agent, or both	, in the State of Florida.	I am familiar with, and accept
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 **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME CHOPP, HAROLD NAME STREET ADDRESS 200 S BISCYN BLVD #4950 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: