

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90170 033 ***150.00

DOCUMENT # G75215

1. Entity Name

MURRAY B. EPSTEIN, P.A.



Principal Place of Business

9130 S DADELAND BLVD
PH I-A
MIAMI FL 33156

Mailing Address

9130 S DADELAND BLVD
PH I-A
MIAMI FL 33156

2. Principal Place of Business

9324 SW 54th Court
Suite, Apt. #, etc.

3. Mailing Address

9324 SW 54th Court
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
59-2367398

Applied For
Not Applicable

Zip
33156

Country
U.S.A.

Zip
33156

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

EPSTEIN, MURRAY B., ESQ.
9130 S. DADELAND BOULEVARD
PH I-A
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
CHERYL A EPSTEIN

Street Address (P.O. Box Number is Not Acceptable)
9324 SW 54th Court

City
Miami

FL

Zip Code
33156

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

Cheryl A. Epstein (CHERYL A EPSTEIN)

3/5/05

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, 2005 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

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, NMURRAY B.	
STREET ADDRESS	9324 S.W. 54TH COURT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EPSTEIN, CHERYL A.	
STREET ADDRESS	9324 S.W. 54TH COURT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Cheryl A. Epstein (CHERYL A EPSTEIN)

3/5/05 (305) 271-8292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #