

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90015 031 ***150.00

DOCUMENT # G80899

1. Entity Name
LAWRENCE S. KLITZMAN, P.A.

Principal Place of Business
 3225 AVIATION AVE #700
 COCONUT GROVE FL 33133
 US

Mailing Address
 3225 AVIATION AVE #700
 COCONUT GROVE FL 33133
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2200 NORTH GARNETT PARKWAY
 Suite, Apt. #, etc.
 Suite 206

3. Mailing Address
 2200 NORTH GARNETT PARKWAY
 Suite, Apt. #, etc.
 Suite 206

City & State
 Weston, Florida
Zip 33326 **Country** USA

City & State
 Weston, Florida
Zip 33326 **Country** USA

4. FEI Number 59-2351531 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KLITZMAN, LAWRENCE S
 3225 AVIATION AVE #700
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent
 Name: LAWRENCE S. KLITZMAN
 Street Address (P.O. Box Number is Not Acceptable): 2200 NORTH GARNETT PARKWAY
 Suite 206
 City: Weston FL Zip Code: 33326

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: [Signature] LAWRENCE S. KLITZMAN DATE: 4-30-02
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	KLITZMAN, LAWRENCE S
STREET ADDRESS	3225 AVIATION AVE #700
CITY-ST-ZIP	COCONUT GROVE FL 33133
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2200 NORTH GARNETT PARKWAY Suite 206
CITY-ST-ZIP	Weston, Florida 33326
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	
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	

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: [Signature] LAWRENCE S. KLITZMAN DATE: 4-30-02 DAYTIME PHONE #: 954 384 4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)