

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90423 001 \*\*\*361.25

**DOCUMENT # G84341**

1. Entity Name  
**GROSS & TELISMAN, P.A.**



Principal Place of Business  
**12219 S. DIXIE HIGHWAY  
MIAMI FL 33156**

Mailing Address  
**12219 S. DIXIE HIGHWAY  
MIAMI FL 33156**

2. Principal Place of Business  
**12805 S W 84th Ave. Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**12805 S W 84th Ave. Rd.**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **59-2370020**

Applied For  
Not Applicable

Zip  
**33156**

Country

Zip  
**33156**

Country

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**TELISMAN, ALAN  
12219 SOUTH DIXIE HWY  
MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

Name **Telisman, Alan**  
Street Address (P.O. Box Number is Not Acceptable)  
**12805 S W 84th Ave. Rd.**  
**Miami**  
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 \_\_\_\_\_  
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**

TITLE **DVP** ☐ Delete  
NAME **GROSS, HOWARD P.**  
STREET ADDRESS **12219 S. DIXIE HWY**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ Delete  
NAME **TELISMAN, ALAN**  
STREET ADDRESS **12219 S. DIXIE HWY**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DVP** ☐ Change ☐ Addition  
NAME **Gross, Howard P.**  
STREET ADDRESS **12805 S W 84th Ave. Rd.**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE **DP** ☐ Change ☐ Addition  
NAME **Telisman, Alan**  
STREET ADDRESS **12805 S W 84th Ave. Rd.**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/03 (305) 255-6300**

Date

Daytime Phone #

CR2E034 (10/02)