

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 27, 2001 08:00 AM
Secretary of State

DOCUMENT # G94090

1. Entity Name
FABER & GITLITZ, P.A.

Principal Place of Business 1570 MADRUGA AVE STE 300 CORAL GABLES FL 33146	Mailing Address 1570 MADRUGA AVE STE 300 CORAL GABLES FL 33146
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2. Principal Place of Business 1570 MADRUGA AVE	3. Mailing Address 1570 MADRUGA AVE
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300

City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33146	Country

4. FEI Number 59-2399522	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GITLITZ STUART H
1570 MADRUGA AVE STE 300

CORAL GABLES FL 33146 US

7. Name and Address of New Registered Agent

Name
GITLITZ STUART H
Street Address (P.O. Box Number is Not Acceptable)
1570 MADRUGA AVE

SUITE 300
City
CORAL GABLES FL Zip Code
33146

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 _____ **01/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT GITLITZ, STUART H. <input type="checkbox"/> Delete 1570 MADRUGA STE 300 CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT GITLITZ STUART H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1570 MADRUGA STE 300 CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STUART H. GITLITZ PSDT **01/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)