FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90305 001 ***476.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55035551

DOCUMENT # H12873

1. Entity Name
MYRON BUDNICK, P.A.

Principal Place of Business
~~16505 NE 26TH AVE.~~
MIAMI, FL 33160 US

Mailing Address
~~16505 NE 26TH AVE.~~
MIAMI, FL 33160 US

2. Principal Place of Business: 16420 NE. 30th AVE
Suite, Apt. #, etc.
City & State
Zip: 33160 Country

3. Mailing Address: 16420 NE 30th AVE
Suite, Apt. #, etc.
City & State
Zip: 33160 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 31-5364677 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUDNICK, MYRON
~~16505 NE 26TH AVE.~~
MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 16420 NE 30th AVE

City: Miami FL Zip Code: 33160

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUDNICK, MYRON H ~~16505 NE 26TH AVE.~~ MIAMI, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16420 NE 30th AVE Miami Fl 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOLSTER, MERCEDES ~~16505 N.E. 26TH AVE~~ MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16420 NE 30th AVE Miami Fl. 33160	☒ Change ☐ Addition
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CR2E034 (10/02)

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] 4/29/03 305-8896237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MYRON H. BUDNICK