## 2003 FOR PROFIT CORPORATION

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SIGNATURE

## Mar 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # H49806 1. Entity Name 03-24-2003 90210 031 \*\*\*150.00 JEROME R. SIEGEL, P.A. Principal Place of Business Mailing Address 990 W CYPRESS CREEK RD 800-W CYPRESS CREEK RD 9TE-502 -015-808 . FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #LAW OFFICES Suite, Apt. #, (AW OFFICE) ☐ CHECK HERE IF MAKING CHANGES City & SECOME R SIEGEL RA COO JETOME O SIEGEL PA Applied For 4. FEI Number STO W CYPRESS CREEK RD, SUITE 300 BOO WESS CREEK RD. SUITE 300 59-2510678 Not Applicable TEDDALE FL 33309 Zipfort Lauderdale, FL 33309 \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIEGEL, JEROME R. Street Address (P.O. Box Number JEROME R SEGEL, PA Not Acceptable) 100 W CYPRESS CREEK RD #930 500 W CYPRESS CREEK RD, SUITE 300 FT LAUDERDALE FL 33309 FORT LAUDERDALE, FL 33309 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECT 11. TORS IN 11 Delete : TITLE CR2E034 (10/02) TITLE Change Addition LAW OFFICES SIEGEL, JEROME R. NAME NAME JEROME R SIEGEL, P.A. STREET ADDRESS 100 W CYPRESS CREEK RD #930 STREET ADDRESS 500 W CYPRESS CREEK RD, SUITE 300 CITY-ST-ZIP FT-LAUDERDALE-FL CITY-ST-ZIP FORT LAUDERDALE, FL 33309 TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiper 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 is

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required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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