## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 04, 2002 8:00 am DOCUMENT # H66440 **Secretary of State** 1. Entity Name 02-04-2002 90129 010 \*\*\*150.00 KAUFMAN DICKSTEIN & GRUNSPAN P.A. Mailing Address Principal Place of Business % EDWARD A. KAUFMAN % EDWARD A. KAUFMAN 200 SOUTH BISCAYNE BLVD., SUITE #4650 200 SOUTH BISCAYNE BLVD., SUITE #4650 MIAMI FL 33131-2354 MIAMI FL 33131-2354 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2552224 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAUFMAN, EDWARD A Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD., SUITE #4650 **MIAMI FL 33131** 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. SIGNATURE. DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE Kaufman, Edward A NAME NAME STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD 4650 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition TITLE SD ☐ Delete TITLE GRUNSPAN, ALAN M NAME NAME STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD 4650 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME dickstein. Jeffrey W STREET ADDRESS STREET ADDRESS 200 S BISCAYNE BLVD 4650 CITY-ST-ZIP CITY-ST-7IP Miami FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE

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 gue-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 frustee employeed 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 v

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

QUIN EDUBRO A. KAUFMAN 1-14-02 305 372-5200

NING OFFICER OR DIRECTOR

Date

D

**FILED** 

CR2E034 (9/01)