

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90942 047 \*\*\*150.00

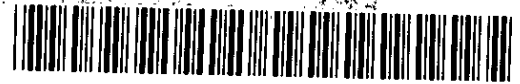
**DOCUMENT # H77263**

1. Entity Name  
**ARNOLD R. GINSBERG, P.A.**



Principal Place of Business  
**% ARNOLD R. GINSBERG**  
**66 W FLAGLER STREET 410 CONCORD BUILDING**  
**MIAMI FL 33130**

Mailing Address  
**% ARNOLD R. GINSBERG**  
**66 W FLAGLER STREET 410 CONCORD BUILDING**  
**MIAMI FL 33130**



2. Principal Place of Business  
**9130 So. Dadeland Blvd.**

3. Mailing Address  
**9130 So. Dadeland Blvd.**

Suite, Apt. #, etc.  
**Suite 1703, Datran II**

Suite, Apt. #, etc.  
**Suite 1703, Datran II**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33156**

Country  
**USA**

Zip  
**33156**

Country  
**USA**

4. FEI Number **59-2581099**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GINSBERG, ARNOLD R.**  
**66 WEST FLAGLER STREET**  
**410 CONCORD BUILDING**  
**MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name  
**Arnold R. Ginsberg**

Street Address (P.O. Box Number is Not Acceptable)  
**9130 So. Dadeland Blvd.**

**Suite 1703, Datran II**

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 *Arnold R. Ginsberg Pres PA* **2/19/03**

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 \$300.00**  
**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

<p>TITLE <b>DP</b></p> <p>NAME <b>GINSBERG, ARNOLD R.</b></p> <p>STREET ADDRESS <b>66 W FLAGLER ST</b></p> <p>CITY-ST-ZIP <b>MIAMI FL</b></p> <p><input checked="" type="checkbox"/> Delete</p>	<p>TITLE <b>DP</b></p> <p>NAME <b>Ginsberg, Arnold R.</b></p> <p>STREET ADDRESS <b>9130 So. Dadeland Blvd., Ste 1703</b></p> <p>CITY-ST-ZIP <b>Miami, FL.</b></p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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: *Arnold R. Ginsberg* **2/19/03** **305 3580427**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)