

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90879 031 \*\*\*150.00

DOCUMENT # **477951**  
1. Entity Name  
**JOSEPH ZALLEN P.A.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3500 GALT OC. DR</b>		3. Mailing Address	
Suite, Apt. #/etc. <b>STE 1012</b>		Suite, Apt. #, etc.	
City & State <b>FORT LAUDERDALE</b>		City & State <b>← SAME →</b>	
Zip <b>33308</b>	Country <b>US</b>	Zip	Country
4. FEI Number <b>592584448</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent -	
	Name <b>JOSEPH ZALLEN</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>3500 GALT OC. DRIVE</b> <b>STE 1012</b>	
	City <b>FORT LAUDERDALE FL</b>	Zip Code <b>33308</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relisting) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P, T, S, D.</b> <b>JOSEPH ZALLEN</b> <b>3500 GALT OC. DR. FT. LAUD</b> <b>FL 33308</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Zallen **JOSEPH ZALLEN** **PRESIDENT** **4/27/02** **954-565-9506**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)