

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90204 014 \*\*\*150.00

0027388 AV

**DOCUMENT # J52297**

**1. Entity Name**  
**THE LAW OFFICES OF JEFFREY EHRlich, P.A.**



**Principal Place of Business**  
**333 NORTH NEW RIVER DR**  
**2000**  
**FT LAUDERDALE FL 33301**  
**US**

**Mailing Address**  
**333 NORTH NEW RIVER DR**  
**2000**  
**FT LAUDERDALE FL 33301**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2794439**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EHRlich, JEFFREY**  
**150 SE 12 STREET SUITE 401**  
**FT LAUDERDALE FL 33316**

Name **ERLICH, JEFFREY**

Street Address (P.O. Box Number is Not Acceptable)

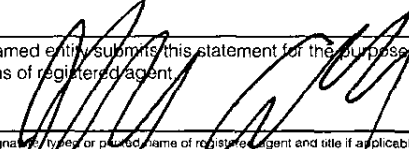
**333 NORTH NEW RIVER DRIVE EAST #2000**

City **FT LAUDERDALE**

**FL**

Zip Code **33301**

**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**

**4/1/03**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PDS** ☐ Delete  
**NAME** **EHRlich, JEFFREY**  
**STREET ADDRESS** **333 NORTH NEW RIVER DR. EAST, #2000**  
**CITY-ST-ZIP** **FT LAUDERDALE FL**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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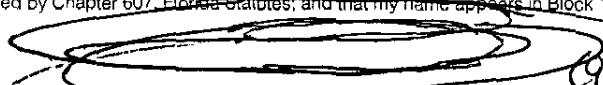
**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **4/1/03** **592 2663**

CR2E034 (10/02)