

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90104 027 ***150.00

DOCUMENT # K41338

1. Entity Name
RUSSELL S. ADLER, P.A.

Principal Place of Business 750 SE 3RD AVENUE STE 200 FORT LAUDERDALE FL 33316 US	Mailing Address 750 SE 3RD AVE. STE 200 FORT LAUDERDALE FL 33316 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 750 SE 3RD AVE.	3. Mailing Address 750 SE 3RD AVE
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300
City & State FT LAUDERDALE FL	City & State FT. LAUDERDALE FL
Zip 33316 Country US	Zip 33316 Country US

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**ADLER, RUSSELL S.
 750 SE 3RD AVE
 STE 200
 FORT LAUDERDALE FL 33316**
SUITE 300

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** 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: *[Signature]* **Russell S. Adler, Reg. Agent** 1/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE ADLER, RUSSELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADLER, RUSSELL		NAME	
STREET ADDRESS 750 SE 3RD AVE SE 200		STREET ADDRESS 750 SE 3RD AVE, SUITE 300	
CITY-ST-ZIP FORT LAUDERDALE FL		CITY-ST-ZIP FORT LAUDERDALE, FL 33316	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *[Signature]* **Russell S. Adler, Pres.** 1/15/01 768-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)