FILED Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90360 004 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

K89107

1. Entity Name

RANDI GLICK BOVEN, P.A.

DOCUMENT #

Principal Place of Business 1115 EAST BROWARD BLVD FT LAUDERDALE FL 33301 US		Mailing Address 1115 EAST BROWARD BLVD FT LAUDERDALE FL 33301 US			
2. Principal I	Place of Business	3. Mailing Address		— I KORIATII ARI KUKU YEKU KIRIK HAKK BARK KARI BIRKI AKRI AKRI DIRKI KARI BIRKI K	
Suite, Apt	* the oten	Cuite And the stee		_	
Suite, Apt	π, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	te	City & State		4. FEI Number 65-0116143 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
-	6. Name and Address of Current F	Registered Agent	_	7. Name and Address of New Registered Agent	
BOVEN, RANDI G		Name	<u> </u>		
	ST BROWARD BLVD		Street Address	s (P.O. Box Number is Not Acceptable)	
FT LAUD	ERDALE FL 33301				
	·# ²		City	FL Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent ar		Registered Agent signature requir		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 200	FEE IS \$150.00 Fee will be \$550.00 to Department of St		
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV BOVEN, RANDI GLICK 1115 EAST BROWARD BLVD FT.LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	
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13. I hereby certify that the information supplied with this filling 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: