

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

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

05-21-2002 91148 006 ***150.00

DOCUMENT # **K95701** ✓

1. Entity Name
Andrew H. DRUCKER, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1570 MADRUGA AVENUE		3. Mailing Address 1570 MADRUGA AVENUE	
Suite, Apt. #, etc. #216		Suite, Apt. #, etc. #216	
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA	
Zip 33146	Country U.S.A.	Zip 33146	Country U.S.A.

4. FEI Number 65-0127256	Applied For ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name- **Andrew H. DRUCKER**

Street Address (P.O. Box Number is Not Acceptable) **1570 MADRUGA AVENUE #216**

City **CORAL GABLES** FL Zip Code **33146**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Andrew H. Drucker 1570 MADRUGA AVENUE CORAL GABLES, FLA 33146	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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANDREW DRUCKER 5-1-02** (305) 668-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)