2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90148 012 ***158.75

DOCUMENT # L33820

1. Entity Name
LAWRENCE J. SHAPIRO & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
80 SW 8TH STREET	80 SW 8T STREET
SUITE 2804	SUITE 2804
MIAMI FL 33130	MIAMI FL 33130
US	US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
825 BRICKELL BAY DRIVE	825 BRICKELL BAY DRIVE
Suite, Apt. #, etc.: Suite 1751	Suite, Apt. #, etc.: Suite 1751
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number 65-0162986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, LAWRENCE J
80 SW 8TH STREET
SUITE 2804
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: Lawrence J. Shapiro
Street Address (P.O. Box Number is Not Acceptable): 825 BRICKELL BAY DRIVE
Suite 1751
City: Miami FL Zip Code 33131

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] Lawrence J. Shapiro - President DATE 1/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☐ Delete	TITLE	SAME	☑ Change Address ☐ Addition
NAME	SHAPIRO, LAWRENCE J.		NAME	SAME	
STREET ADDRESS	80 SW 8TH STREET		STREET ADDRESS	825 BRICKELL BAY DRIVE, Suite 1751	
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP	Miami, Florida 33131	
TITLE	VSD	☐ Delete	TITLE	-Same-	☑ Change Address ☐ Addition
NAME	SHAPIRO, LAWRENCE J.		NAME	-Same-	
STREET ADDRESS	80 SW 8TH STREET		STREET ADDRESS	825 BRICKELL BAY DRIVE, Suite 1751	
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP	Miami, Florida 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Lawrence J. Shapiro President 1/28/03 305-379-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)