FOR PROFIT CORPORATION 2004UNIFORM BUSINESS REPORT (UBR)

FILED Jun 01, 2004 8:00 am Secretary of State

DOCU 1. Entity Nam	# L53985 Y JAY SAFRON	, P.A.			06-01-2004 90006 007 ***150.00		
DO NOT WRITE IN THIS SPACE					e .		F 4 0 W m
2. Principal Place of Business 1000 S. Hillcrest Ct. 3. Mailing Address 1000 S. Hillcrest Ct. 1000 S. Hill			lcrest (~+	•	54056144	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u> </u>	DO NOT WRITE IN THIS SPACE		
Bldg. 4, #215			Bldg. 4, #215 City & State			4. FEI Number CF 01 00050	Applied For
нотту	wood,	 	Hollywood,	FL		65-0182252	Not Applicable
Σiρ 330	021	Country	Zip 33021	Country	_		\$8.75 Additional Fee Required
				Name		7. Name and Address of Current Registered	Agent
DO NOT WRITE					Safron, Larry J.		
					Street Address (P.O. Box Number is Not Acceptable) 1000 S. Hillcrest Ct.		
						g. 4, #215	
				City		lywood FL	Zip Code 33021
			the purpose of changing its	registered office o		ed agent, or both, in the State of Florida. I am la	
the obligation	tions of regis	tered agent.					
SIGNATURE	Signature, hope	ର ଓ ଅଧି For printed name of registered agent a	no title if applicable. (NOT	E: Registered Agent signa	dure required	when reinstaging: DATE	<u> </u>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State							
	After May	1, Fee is \$550.00	State :			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
	After May	1, Fee is \$550.00	V 004-1-49-7 V CC				Added to Fees
Make Check 10. IIII DP	After May Amended Payable to Safro	1, Fee is \$550.00 i UBR is \$61.25 o Florida Department of OFFICERS AND to on, Larry J.	DIRECTORS	III.			
Make Check	After May Amended Rayable to Safro 1000	1, Fee is \$550.00 i UBR is \$61.25 o Florida Department of OFFICERS AND to on, Larry J.	V 004-1-49-7 V CC	のよのたでは本では最後である。 では、これでは、1000年では、1000年である。 1000年では、1000年では、1000年である。 1000年では、1000年では、1000年である。 1000年では、1000年では、1000年では、1000年である。 1000年では、1000年では			Added to Fees
Make Check 10. TITLE DP NAME	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND OON, Larry J. S. Hillcres	DIRECTORS	NAME			Added to Fees (20/21)
Make Check 10. THE DP HAME STREET ADDRESS CITY-ST-ZIP THUE	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS CITY-ST-ZIP			Added to Fees (20/21)
Make Check 10. THE DP HAME STPEET ADDRESS UTY-ST-ZIP	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS CITY-ST-ZIP			Added to Fees
Make Check 10. TITLE DP HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS CITY ST- 2P HILL NAME STREET ADDRESS CITY-ST- 7P			Added to Fees (20/21)
Make Check 10 TITLE DP MAME STPEET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS			Added to Fees (20/21)
Make Check 10. : ITHE DP MAME STPEET ADDRESS CITY-ST-ZIP THUE MAME STREET ADDRESS CITY-ST-ZIP THUE MAME STREET ADDRESS CITY-ST-ZIP THUE MAME STREET ADDRESS STREET ADDRESS	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS ONY, ST. 2P ITILE NAME STREET ADDRESS COTY ST. 3P ITILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		Trust Fund Contribution.	Added to Fees
Make Check 10 ITHE DP HAME STREET ADDRESS CITY-ST-ZIP THUE HAME STREET ADDRESS CITY-ST-ZIP THUE HAME STREET ADDRESS CITY-ST-ZIP THUE HAME STREET ADDRESS CITY-ST-ZIP	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS CITY ST- 2P TITLE NAME STREET ADDRESS CITY ST- 2P TITLE NAME STREET ADDRESS CITY ST- 2P		Trust Fund Contribution.	Added to Fees (70,71)
Make Check 10. : ITHE DP MAME STPEET ADDRESS CITY-ST-ZIP THUE MAME STREET ADDRESS CITY-ST-ZIP THUE MAME STREET ADDRESS CITY-ST-ZIP THUE MAME STREET ADDRESS STREET ADDRESS	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS ONY, ST. 2P ITILE NAME STREET ADDRESS COTY ST. 3P ITILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		Trust Fund Contribution.	Added to Fees (70,71)
Make Check 10	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS COTY ST. AP TITLE NAME STREET ADDRESS COTY ST. AP TITLE NAME STREET ADDRESS COTY ST. AP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		Trust Fund Contribution.	Added to Fees (70,71)
Make Check 10 ITHE DP HAME STREET ADDRESS CITY-ST-ZIP THUE HAME STREET ADDRESS CITY-ST-ZIP THLE STREET ADDRESS CITY-ST-ZIP	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ACCRESS COTY ST- 2P TITLE NAME STREET ACCRESS COTY ST- 2P TITLE NAME STREET ACCRESS COTY ST- 2P TITLE NAME STREET ACCRESS COTY ST- 2P		Trust Fund Contribution.	Added to Fees (70,71)
Make Check 10	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS COTY ST. AP TITLE NAME STREET ADDRESS COTY ST. AP TITLE NAME STREET ADDRESS COTY ST. AP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		Trust Fund Contribution.	Added to Fees (70,71)
Make Check 10 ITHE DP HAME STREET ADDRESS CITY-ST-ZIP THUE THUE THUE THUE THUE THUE THUE THUE	After May Amended Rayable to Safro 1000 #215	1, Fee is \$550.00 1 UBR is \$61.25 2 Florida Department of OFFICERS AND to on, Larry J. S. Hillcres	DIRECTORS t Ct. Bldg 4	NAME STREET ACCRESS COTY ST ADP TITLE NAME STREET ACCRESS COTY ST ADP TITLE NAME STREET ADDRESS COTY ST ADP TITLE NAME STREET ADDRESS COTY ST ADP TITLE NAME STREET ADDRESS COTY ST ADP		Trust Fund Contribution.	Added to Fees (70,71)
Make Check 10 IIILE DP HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS STREET ADDRESS	After May Amended Rayable to Safro 1000 #215	1. Fee is \$550.00 i unar is \$61.25 b Florida Départment of OFFICERS AND O D. Larry J. S. Hillcres Wood, FL 33	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS COTY ST. 2P TITLE NAME STREET ADDRESS COTY ST. 2P		Trust Fund Contribution.	Added to Fees (70,71)
Make Check 10 IIILE DP HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	After May Amended Payable to Safro 1000 #215 Holly	1. Fee is \$550.00 i unar is \$61.25 b Florida Départment of OFFICERS AND O D. Larry J. S. Hillcres Wood, FL 33	DIRECTORS t Ct. Bldg 4	NAME STREET ADDRESS CITY-ST- 2DP TITLE NAME STREET ADDRESS CITY-ST- 2DP		Trust Fund Contribution.	Added to Fees (70,71)

12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Dayling Phone 1