

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

06-01-2004 90006 007 \*\*\*150.00

**FOR PROFIT CORPORATION**

**2004 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** L53985

**1. Entity Name**

LARRY JAY SAFRON, P.A.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
1000 S. Hillcrest Ct.

**3. Mailing Address**  
1000 S. Hillcrest Ct.

Suite, Apt. #, etc.  
Bldg. 4, #215

Suite, Apt. #, etc.  
Bldg. 4, #215

City & State  
Hollywood, FL

City & State  
Hollywood, FL

Zip  
33021

Country

Zip  
33021

Country

**4. FEI Number** 65-0182252

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Safron, Larry J.

Street Address (P.O. Box Number is Not Acceptable)  
1000 S. Hillcrest Ct.

Bldg. 4, #215

City  
Hollywood FL Zip Code  
33021

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME Safron, Larry J.  
STREET ADDRESS 1000 S. Hillcrest Ct. Bldg 4  
CITY-ST-ZIP #215  
Hollywood, FL 33021

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**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

CR2E034B (12/02)