2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L61749

1. Entity Name

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
1 SE 3 AVE	1 SE 3 AVE
#1450	#1450
MIAMI FL 33131	MIAMI FL 33131
US	US

2. Principal Place of Business
9130 S. DADELAND BLVD.

Suite, Apt. #, etc.
Suite 1109, 2 DATRAN Center

City & State
Miami, FL.

Zip 33156   Country U.S.A.

3. Mailing Address
9130 S. DADELAND BLVD.

Suite, Apt. #, etc.
Suite 1109, 2 DATRAN Center

City & State
Miami, FL.

Zip 33156   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0182320   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIFFRIN, MICHAEL ESQ
1 SE THIRD AVE
STE 1450 SOUTHEAST INT'L CTR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9130 S. DADELAND BLVD.
2 DATRAN Center, Suite 1109

City Miami   FL   Zip Code 33156

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 _____   MICHAEL SCHIFFRIN   5/15/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME **SCHIFFRIN, MICHAEL** STREET ADDRESS ONE SE 3RD AVE STE 1450 CITY-ST-ZIP MIAMI FL 33131	☐ Delete		TITLE NAME STREET ADDRESS 9130 S. DADELAND BLVD., Suite 1109 CITY-ST-ZIP Miami, FL 33156	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael Schiffrin   5/15/02   305 539 0000

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