

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L87721**

1. Entity Name
JEFFREY M. FOX, P.A.

Principal Place of Business Mailing Address
4526 INVERRARY BLVD. 4526 INVERRARY BLVD.
LAUDERHILL FL 33319-4104 LAUDERHILL FL 33319-4104

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 15, 2002 8:00 am
Secretary of State
01-15-2002 90042 034 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3044214** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BERNSTEIN, ALAN S.
8320 WEST SUNRISE BLVD.
STE. #209
PLANTATION FL 33322
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

9. This corporation is a ☐ **FILE NOW!!! FEE IS \$150.00**
Tax filing requirement and subjects to do so. **After May 1, 2002 Fee will be \$550.00**
(See criteria on back) ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PST FOX, JEFFREY M. 4526 INVERRARY BLVD. LAUDERHILL FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Date Daytime Phone #

00298521 AV

CR2E034 (9/01)