

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90278 044 \*\*\*\*50.00

**DOCUMENT # L97000000151**

1. Entity Name

**ENGELBERG, CANTOR & MILGRIM, P.L.**  
**ENGELBERG & MILGRIM, P.L.**

Principal Place of Business

**3230 STIRLING ROAD**  
**HOLLYWOOD FL 33021**

Mailing Address

**3230 STIRLING ROAD**  
**HOLLYWOOD FL 33021**

2. Principal Place of Business

Suite, Apt. #, etc. **SUITE #1**

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc. **SUITE #1**

City & State

Zip

Country

4. FEI Number **65-0731477**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CANTOR, JERALD C**  
**ENGELBERG, CANTOR & MILGRIM PL**  
**3230 STIRLING ROAD**  
**HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **LAURIE E. MILGRIM**  
 Street Address (P.O. Box Number is Not Acceptable) **MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.**  
**3230 STIRLING ROAD, SUITE #1**  
 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.

SIGNATURE *Laurie E. Milgrim* **LAURIE E. MILGRIM** **01/09/02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **MORRIS ENGELBERG & LAURIE E. MILGRIM, P.A.**  
 STREET ADDRESS **3230 STIRLING ROAD**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **MGRM** ☒ Delete  
 NAME **J.C. CANTOR, P.A.**  
 STREET ADDRESS **3230 STIRLING ROAD**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **MORRIS ENGELBERG**  
 STREET ADDRESS **3230 STIRLING ROAD, SUITE #1**  
 CITY-ST-ZIP **HOLLYWOOD, FL. 33021**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Morris Engelberg* **MORRIS ENGELBERG**

**01/09/02 (954) 966-3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)