

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90318 035 ***150.00

DOCUMENT # M10576

1. Entity Name
WOLPERT & KAUFMAN, P.A.

Principal Place of Business 9200 S. DADELAND BLVD. 614 MIAMI FL 33156 US	Mailing Address 9200 S. DADELAND BLVD. 614 MIAMI FL 33156-2714 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9100 S. DADELAND BLVD. Suite, Apt. #, etc. 1550 City & State MIAMI, FL Zip 33156-7816 Country U.S.A.	3. Mailing Address 9100 S. DADELAND BLVD. Suite, Apt. #, etc. 1550 City & State MIAMI, FL Zip 33156-7816 Country U.S.A.
--	--

4. FEI Number 59-2488616	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLPERT, ANTHONY H.
9200 S. DADELAND BLVD.
SUITE 614
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name
WOLPERT, ANTHONY H.
 Street Address (P.O. Box Number is Not Acceptable)
9100 S. DADELAND BLVD.
SUITE 1550
 City
MIAMI FL Zip Code
33156-7816

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 _____ (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, 2000 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	
TITLE PDS	<input type="checkbox"/> Delete
NAME WOLPERT, ANTHONY H.	
STREET ADDRESS 9200 S. DADELAND BLVD., SUITE 614	
CITY-ST-ZIP MIAMI FL 33156	
TITLE VTD	<input type="checkbox"/> Delete
NAME KAUFMAN, JERRY R.	
STREET ADDRESS 9200 S. DADELAND BLVD., SUITE 614	
CITY-ST-ZIP MIAMI FL 33156	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 9100 S. DADELAND BLVD., SUITE 1550	
CITY-ST-ZIP MIAMI, FL 33156-7816	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 9100 S. DADELAND BLVD., SUITE 1550	
CITY-ST-ZIP MIAMI, FL 33156-7816	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jerry R. Kaufman **JERRY R. KAUFMAN** 4/25/00 (305) 670-1572
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)