

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90003 047 \*\*\*150.00

**DOCUMENT # M13685**

1. Entity Name  
**SYDNEY S. TRAUM, P.A.**



Principal Place of Business

~~C/O ZACK KOSNITZKY~~  
~~100 SE 2ND ST STE 2800~~  
~~MIAMI FL 33131-2144~~  
US

Mailing Address

55 SOUTH PROSPECT DR  
CORAL GABLES FL 33133  
US



2. Principal Place of Business

1320 South Dixie Highway  
Suite, Apt. #, etc.  
Penthouse suite 1275

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

Zip

33146

Country

USA

Zip

Country

4. FEI Number

59-2513193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRAUM, SYDNEY S.

~~C/O ZACK KOSNITZKY~~

~~100 SE 2ND ST STE 2800~~

~~MIAMI FL 33131-2144~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

% Levey, Arian, Brownstein, Shevin, et al

1320 South Dixie Highway, Penthouse 1275

City

Coral Gables

FL

Zip Code

33146

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
TRAUM, SYDNEY S.  
55 SOUTH PROSPECT DR  
CORAL GABLES FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
TRAUM, JUDITH R.  
55 SOUTH PROSPECT DR.  
CORAL GABLES FL 33133 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sydney S. Traum*  
SYDNEY S. TRAUM, PRES

Jan 4, 2003

305-661-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)