2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90104 001 ***150.00

DOCUMENT # M20025

1. Entity Name
SOLOVE & SOLOVE, P.A.

Principal Place of Business	Mailing Address
~~9500 S DADELAND BLVD~~ ~~STE 450~~ ~~MIAMI FL 33156~~ ~~US~~ new address	~~9500 S DADELAND BLVD~~ ~~STE 450~~ ~~MIAMI FL 33156~~ ~~US~~ new address

2. Principal Place of Business		3. Mailing Address	
11780 S.W. 89th Street		11780 S.W. 89th Street	
Suite, Apt. #, etc.: Suite 204		Suite, Apt. #, etc.: Suite 204	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33186	Country: US	Zip: 33186	Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2578851 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOVE, ROBERT A.
~~9500 S DADELAND BLVD~~
~~STE 450~~
~~MIAMI FL 33156~~
new address

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 11780 S.W. 89th Street
Suite ~~[illegible]~~ 204
City MIAMI FL Zip Code 33186

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] 1/22/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOLOVE, ROBERT A.		NAME	
STREET ADDRESS	9500 S DADELAND BLVD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOLOVE, TRACYE K.		NAME	
STREET ADDRESS	9500 S DADELAND BLVD		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] Robert A. Solove, pres. 1/22/03 305-630-9553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)