2000 UNIFORM BUSINESS REPORT (UBR)

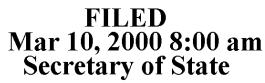
DOCUMENT # M22956 1. Entity Name FRED E. GLICKMAN, P.A.

Principal Place of Business C/O FRED E. GLICKMAN 9200 S. DADELAND BLVD. #508 MIAMI FL 33156

Mailing Address

C/O FRED E. GLICKMAN 9200 S. DADELAND BLVD. #508 MIAMI FL 33156-2713

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Oit B Oit	Citi & State	



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Suite, Apt. #, etc. City & State		Suițe, Apt. #, etc.	Suițe, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
		Citý & State		4. FEI Number 59-2609485			Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Ad Fee Require		
····	6. Name and Address of Current I	Registered Agent		7 <u>.</u> l	Name and Address of New Registers	ed Agent		
		•	Name					
GLICKMAN, FRED E. 9200 S. DADELAND BLVD. #508 , MIAMI FL 33156			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Coc	e et	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered ag	jent, or both, in the State of Florida.			
	,,,		J J	Ū	,			
CICNIATURE								
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E-Registered Agent signature requ	ired when re	einstating) DAT	E		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20	!!! FEE IS \$150.00 00 Fee will be \$550.0 ble to Department of S		Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLICKMAN, FRED E. 9200 S. DADELAND BV. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receivel or trustee empo	true and accurate and that r	nv signature shall have ti	he same	llegal effect as if made under oath; tha	at i am an omicei	r or airector	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-670-0987