2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # M5407 & MIGDAL, P.A.	3		Secretary	02 8:00 am y of State 35 018 ***150.00	
Principal Place of Business 1903 S. CONGRESS AVENUE SUITE 320 BOYNTON BEACH FL 33426		Mailing Address 1903 S. CONGRESS AVENUE SUITE 320 BOYNTON BEACH FL 33426				
2. Principal Place of Business		3. Mailing Address		I KROJODIJI (DI DRIJI) BIDIJI OBLIJI INDOG IKIL	TIBIL OTOR BIBIL DIDIL DIDIZ DIDIZ IDDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-2831267	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MICDAL MACK, KUDITU D			Name	Name		
MIGDAL-MACK, JUDITH B. 1903 S CONGRESS AVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 320 ** BOYNTON BE/CH FL 33446			City	City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered. 8. The above named entity submits this statement for the purpose of changing its registered.			'		FL	
SIGNATURE .	Signature, typed or printed name of registered agent and		egistered Agent signature require	·	ATE	
Tax filling requirement and elects to do so After			FEE IS \$150.00 Fee will be \$550.00 to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11,	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGDAL, MICHELLE, ESQ. 7624 EAGLE POINT DR DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGDAL-MACK, JUDITH B. 7799 COLONY LAKE DRIVE BOYNTON BEACH 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-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-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my seried to execute this report as	signature shall have the required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I furthe same legal effect as if made under oath; the same legal effect	nat I am an officer or director	

JUDITH B MIGDAL-

THE

SIGNATURE: 2