2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M88765 I Tality Name

BARRY M. WAX, P.A.

FILED Mar 19, 2001 8:00 am Secretary of State 03-19-2001 90455 019 ***150.00

2. Principal Place of Business LOT SCOTT BYSO SUITE 1950 SUITE	Principal Place	COURT	5	Mailing Address 1571 N.W. 13TH COURT								
ROLL SOUTH DISCOURS BOKE (NO) 201, South State (1970) Suite, Apr. 4 or 4	MIAMI FL 33125	5		MIAMI FL 33125				4 100120011 10	L 1918 I 18KU 1881 8 11		C. I Bèbbi dirii dir	(ti 5(B () 16B)
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S. Name and Address of Current Registered Agent 8. Name and Address of Natural Diseased WAX, BARRY M. 1571 NW. 13TH COURT MIAMI FL 33125 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 Symbol. higher to satisfy its intangible face may be interested agent and the registered agent and the face or registered agent or both, in the State of Florida. SIGNATURE Symbol. higher to satisfy its intangible face and in a representation of State of Florida. Fee Required Name Name Name Series Address (P.O. Ba Number is Not Aggregatable) South Buschi Me State of Florida. SIGNATURE Symbol. higher to satisfy its intangible in a satisfy its intangible of State in a spot table. Fee Required Name Series Address (P.O. Ba Number is Not Aggregatable) South Buschi Me State of Florida. SIGNATURE Symbol. higher to satisfy its intangible of State in a spot table. Fee Required Name State Address (P.O. Ba Number is Not Aggregatable) South Buschi Me State of Florida. SIGNATURE Symbol. higher to satisfy its intangible of State in Aggregatable in the purpose of changing its registered agent, or both, in the State of Florida. Fee Required Name SIGNATURE Symbol. higher to satisfy its intangible of State in Aggregatable in the State of Florida. Fee Required Name Signature (P.O. Ba Number is Not Aggregatable) SUBJECT (P.O. Bas Number is Not Aggregatable) SIGNATURE is State of Notice of Plorida. Fee Required Name Signature (P.O. Bas Number is Not Aggregatable)			ر		L		4.	. FEI Number	65-00597	79	_ 	
WAX, BARRY M. 1571 N.W. 13TH COURT MIAMI FL 33125 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 SIG			AZU	16188							Fee Require	
1571 N.W. 13TH COURT MIAMI FL 33125 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 Signature, typod or preed name of registered sepred on tiber applicable. Popularity typod or preed name of registered sepred on tiber applicable. FLE NOW!!! FEE IS 150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Certain and pelects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME STREET ADDRESS CHT'-SI-2P Delete THE Delete THE Delete THE Delete THE NAME STREET ADDRESS CHT'-SI-2P THE NAME STREET		6. Name	and Address of Current R	egistered Agent		Name	7.	. Name and A	ddress of New	Registered A	igent -	
8. The above named onity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PWAX, BARRY M. STRET ADDRESS CITY-ST-2P SIDEC ADDRESS CITY-ST-2P TITLE Delete TITLE De	1571	N.W. 13TH	COURT			Street Ac	ddress (P.O 5007H	Box Number	is Not Acceptab	ev Ary	<u> </u>	
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 Submiture, types or primed name of impaired agent and time if applicable (NOTE, Registered Agent alignature required when remarking) DATE	MIAM	/II FL 33125	,			501	TE 19	150			· • • • • • • • • • • • • • • • • • • •	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Synthetic, typed or pretion name of registered agent and the ill applicable. (NOTE: Registered Agent arginature required when remitating) P. This corporation is elligible to satisfy its Intangible Added to Freeze						City M	1 km	<u>, , </u>		FL	Zip Cod	311
9. This corporation is eligible to satisfy its internal problem of the properties of	8. The above	named entity	submits this statement for	the purpose of changing its	registere				in the State of F	lorida.		
9. This corporation is eligible to satisfy its internal problem of the properties of	SIGNATURE											
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Should be seen added to Fees A	OIGHATORE _	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signatu	re required wher	n reinstating)		DATE		
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13. Lhereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WAX, BAF	OFFICERS AND D	Make Check Payab DIRECTORS Delete Delete Delete Delete	ILLE TO DE T	ET ADDRESS ST-ZIP	of State	Trust	Fund Contribut HANGES TO OF	FICERS AND	Addec DIRECTOR: Change Change Change	d to Fees S IN 11 Addition Addition Addition

indicated on this report or supplied with this hilling does not qualify for the exemption stated in decline in 19.07(3)(f). Florida database. I think that this hilling does not qualify to the exemple 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR