## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 17, 2002 8:00 am § Secretary of State DOCUMENT # P0000005788 1. Entity Name 05-17-2002 90003 021 \*\*\*150.00 BRENDA A. FRIEDMAN, P.A. Principal Place of Business Mailing Address 3201 W GRIFFIN ROAD STE 204 3201 W GRIFFIN ROAD STE 204 TAOLOU DANIA BEACH FL 33312 DANIA BEACH FL 33312 2. Principal Place of Business 3. Mailing Address 1501 SW 7th Court 501 SW Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State ~ 4. FEI Number Applied For Boca Raton Boca Katon 65-0976137 Not Applicable Country \$8.75 Additional 3486 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent Name FRIEDMAN, BRENDA A Street Address (P.O. Box Number is Not Acceptable) 3201 W GRIFFIN ROAD STE 204 DANIA BEACH FL 33312 <sup>Zip</sup> දුංජ් 4 86 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE Change ☐ Addition NAME FRIEDMAN, BRENDA A NAME 1501 SW 7H COUR STREET ADDRESS 3201 W GRIFFIN ROAD STE 204 STREET ADDRESS Boca Raton, FL 33486 CITY-ST-ZIP DANIA BEACH FL 33312 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 □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attack ment with an address, with a hother like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

4/7/02

561-789-5788

☐ Change

☐ Addition