

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0289008
 AV

DOCUMENT # P00000013397

1. Entity Name
 LAUREN J KOLMAN D.C., PA

03-18-2002 90069 024 ***150.00

Principal Place of Business
 177 NE 167TH ST
 N MIAMI BEACH FL 33162

Mailing Address
 177 NE 167TH ST
 N MIAMI BEACH FL 33162



2. Principal Place of Business
 12405 BISCAYNE BLVD
 Suite, Apt. #, etc. NA

3. Mailing Address
 12405 BISCAYNE BLVD
 Suite, Apt. #, etc. NA

DO NOT WRITE IN THIS SPACE

City & State
 NORTH MIAMI FL

City & State
 NORTH MIAMI, FL

4. FEI Number 58-2379996 Applied For Not Applicable

Zip 33181 Country USA Zip 33181 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOLMAN, LAUREN
 177 NE 167TH ST
 N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name Lauren J Kolman, MSED DC
 Street Address (P.O. Box Number is Not Acceptable) 12405 BISCAYNE BLVD
 City ND MIAMI FL Zip Code 33181

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KOLMAN, LAUREN 177 NE 167TH ST N MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Lauren Kolman 12405 BISCAYNE BLVD ND MIAMI FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Lauren J Kolman DC 3/4/02 305 893 8822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)