


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90216 033 ***150.00

DOCUMENT # P00000034157	
1. Entity Name SANFORD L. MUCHNICK, P.A.	

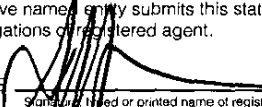
Principal Place of Business 4000 HOLLYWOOD BLVD #620 N HOLLYWOOD FL 33021	Mailing Address 4000 HOLLYWOOD BLVD #620 N HOLLYWOOD FL 33021
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2. Principal Place of Business 4651 Sheridan Street Suite, Apt. #, etc. Suite 260 City & State Hollywood, FL 33021 Zip 33021 Country USA	3. Mailing Address 4651 Sheridan Street Suite, Apt. #, etc. Suite 260 City & State Hollywood, FL 33021 Zip 33021 Country USA
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0554476	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASSERMAN, JEFFREY P 4000 HOLLYWOOD BLVD #620 N HOLLYWOOD FL 33021	
7. Name and Address of New Registered Agent Name Wasserman, Jeffrey P. Street Address (P.O. Box Number is Not Acceptable) 4651 Sheridan Street, Suite 260 City Hollywood FL Zip Code 33021	

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  JEFFREY P. WASSERMAN. JAN 20 2003
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUCHNICK, SANFORD L 4000 HOLLYWOOD BLVD #620 N HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Muchnick, Sanford L. 4651 Sheridan Street, Suite 260 Hollywood, FL 33021 <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
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  PRES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SANFORD L. MUCHNICK	Date JAN 29 2003 Daytime Phone # 954-989-8100
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CR2E034 (10/02)