

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90960 017 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000055248 ✓  
1. Entity Name  
LAW OFFICES OF ALEXANDER S. FISHMAN, P.A.

**DO NOT WRITE IN THIS SPACE**

B0057133

2. Principal Place of Business <u>951 NE 167 TH STREET</u> Suite, Apt. #, etc. <u>102</u> City & State <u>MIAMI, FL</u> Zip <u>33162</u> Country <u>USA</u>		3. Mailing Address <u>951 NE 167 TH STREET</u> Suite, Apt. #, etc. <u>102</u> City & State <u>MIAMI, FL</u> Zip <u>33162</u> Country <u>USA</u>	
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4. FEI Number <u>65-1013012</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <u>ALEXANDER S. FISHMAN</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>951 NE 167TH STREET</u>	
<u>SUITE 102</u>	
City <u>MIAMI</u>	Zip Code <u>33162</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>ALEXANDER S. FISHMAN</u> <u>951 NE 167TH STREET, SUITE 102</u> <u>MIAMI, FL 33162</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alexander S. Fishman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 (305) 651-3303  
Date Daytime Phone #