

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90183 007 \*\*\*150.00

**DOCUMENT # P00000074036**

**1. Entity Name**  
**LAW OFFICES OF LARRY S. ABEL AND ASSOCIATES, P.A**

**Principal Place of Business**  
 9050 PINES BLVD., SUITE 383  
 PEMBROKE PINES FL 33024

**Mailing Address**  
 9050 PINES BLVD., SUITE 383  
 PEMBROKE PINES FL 33024

**2. Principal Place of Business**  
 1920 E. Hallandale Beach

**3. Mailing Address**  
 Same

Suite, Apt., #, etc.  
 Blvd Suite 803

Suite, Apt., #, etc.  
 803

City & State  
 Hallandale

City & State  
 FL

Zip  
 33009

Country  
 USA

Zip

Country

**4. FEI Number** 65-1030053

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ABEL, LARRY S**  
 9050 PINES BLVD., SUITE 383  
 PEMBROKE PINES FL 33024

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**TITLE** **D** ☐ Delete  
**NAME** **ABEL, LARRY S**  
**STREET ADDRESS** **9050 PINES BLVD., SUITE 383**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33024**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **1920 E. HALLANDALE BEACH BLVD. SUITE 803**  
**CITY-ST-ZIP** **HALLANDALE, FLORIDA 33009**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-02 954-458-2080

Date

Daytime Phone #

CR2E034 (4/02)



**GROSSFELD &  
FORREST, LLP**

**CERTIFIED PUBLIC ACCOUNTANTS**

**LARRY GROSSFELD, C.P.A.  
ALLEN C. FORREST, C.P.A.**

3511 W. Commercial Blvd • Suite 402  
Fort Lauderdale, Florida 33309  
(954)484-1100 • Fax: (954)484-5064  
E Mail: gf-cpa.com

*Attachment  
123694*

August 1, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Law Offices of Larry S. Abel and Associates, P.A.  
FEI #65-1030053  
Charter # P00000074036

To Whom It May Concern:

We are sending this letter at the request of the taxpayer. The taxpayer has just received a notice that they had not filed their 2002 Uniform Business Report. The taxpayer informed us that when they receive their Annual Report they file timely however they never received the 2002 form. During 2001 the corporation changed its business location and apparently due to improper mail forwarding the 2002 form was not received. If they had received the report as in the prior year they most certainly would have filed timely.

Enclosed you will find the taxpayer's payment of \$150.00 for the 2002 Annual Report. Under these circumstances we are respectfully requesting that you abate any additional fees since the client fully intended to keep this corporation active. If you should have any questions please contact us directly. Thanking you in advance for your attention to this matter.

Very truly yours,

Allen C. Forrest, CPA