

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90009 012 \*\*\*150.00

**DOCUMENT # P00000078297**

1. Entity Name  
**ARLENE RAJMAN, P.A.**

Principal Place of Business

5838 COLLINS AVENUE, PH-A  
 MIAMI BEACH FL 33140

Mailing Address

5838 COLLINS AVENUE, PH-A  
 MIAMI BEACH FL 33140

973940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 71st Street

Suite, Apt. #, etc.

Suite 527

City & State

Miami Beach, FL

Zip

33141

Country

U.S.A.

3. Mailing Address

300 71st Street

Suite, Apt. #, etc.

Suite 527

City & State

Miami Beach, FL

Zip

33141

Country

4. FEI Number

65-1035377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RAJMAN, ARLENE

5838 COLLINS AVENUE, PH-A  
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Rajman, Arlene

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

300 71st Street, Suite 527

City

Miami Beach

FL

Zip Code

33141

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RAJMAN, ARLENE**  
 CITY-ST-ZIP **5838 COLLINS AVENUE, PH-A**  
**MIAMI BEACH FL 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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 **D**  
 STREET ADDRESS **Rajman, Arlene**  
 CITY-ST-ZIP **300 71st Street, Suite 527**  
**Miami Beach, FL 33141**

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

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/02 (305) 864-9812



Attachment

973940

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 16, 2002

ARLENE RAIJMAN, P.A.  
300 71ST ST. SUITE 527  
MIAMI BEACH, FL 33141

SUBJECT: ~~ARLENE RAIJMAN, P.A.~~  
Ref. Number: P00000078297

We have received your document for ARLENE RAIJMAN, P.A. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 902A00043837

Attachment  
LAW OFFICES

ARLENE RAIJMAN, P.A.

300 71<sup>ST</sup> STREET, SUITE 527

MIAMI BEACH, FLORIDA 33141

TELEPHONE: 305.864.8812

E-MAIL: rajlaw@aol.com

973940  
# 000000 78297  
FACSIMILE: 305.864.0222

August 8, 2002

Division of Corporations  
Attn: Business Sections  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find my check in the amount of \$150.00 made payable to the Department of State. I am resubmitting my UBR and am requesting that you please waive the \$400.00 late fee.

My corporation never received the UBR or UBR notice that failure to file by May 1<sup>st</sup> would result in a \$400.00 late fee. I never received any notification stating that the UBR had to be filed. The only notification I received was once May 1<sup>st</sup> had expired. Had I received a notification before the expiration date, I definitely would have sent in the check and the application.

I don't know why I didn't receive the UBR and notice. I live in a large condominium and that is where my business address used to be listed as. Perhaps it was delivered to someone else or maybe it got lost. There was also a fire in my building whereby the entire building was evacuated and shut down and I was not living there for most of March and April. Perhaps during that time period, the mail was delivered to the wrong unit number. As I have already tried to explain, I did not receive the UBR and/or the notice indicating that I had to file by May 1<sup>st</sup>.

Please waive the late fee for me as I never received notice and therefore do not believe I should be held responsible for the additional \$400.00 late fee. As I am a new corporation, I ignorantly did not know about the requirement to file by May 1<sup>st</sup>. Please do not force me to pay the late fee as it would be financially difficult for me to pay the additional \$400.00.

Please feel free to call me at anytime if you have any questions for me or if I can provide any additional information that would allow you to waive the late fee.

Very truly yours,

ARLENE RAIJMAN, P.A.

BY: Arlene Rajman

Enclosures

AR/me