

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-01-2001 90133 034 ***150.00

DOCUMENT # P00000085772

1. Entity Name

PETER LANG FINANCIAL ADVISERS, INC.

Principal Place of Business

Mailing Address

2750 N 29TH AVE
 HOLLYWOOD FL 33020

2750 N 29TH AVE
 HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

5330 SW 117 TER

5330 SW 117 TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

210

City & State

City & State

COOPER CITY FL

COOPER CITY FL

Zip

Country

Zip

Country

33330

USA

33330

USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, SETH E
 2600 N MILITARY TRAIL, SUITE 290
 BOCA RATON FL 33431

Name FRIEDMAN, OSCAR R CPA

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

2555 CAMEROY CT

City COOPER CITY

FL

Zip Code 33026

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] *[Signature]* 5/31/01

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

(NOTE: If registered agent signature required when re-registering)

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 \$150.00
 After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	STEVENS, PETER	
STREET ADDRESS	2750 N 29TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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] PETER L STEVENS

4/25/01

954 328-6740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

[Signature] 5/31/01

CR2E034 (10/00)