

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/K

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 2750 N 29TH AVE HOLLYWOOD FL 33020	Mailing Address 2750 N 29TH AVE HOLLYWOOD FL 33020
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2. Principal Place of Business 5330 SW 117 TER	3. Mailing Address 5330 SW 117 TER
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210

City & State COOPER CITY FL	City & State COOPER CITY FL	4. FEI Number 65-1039399	Applied For <input type="checkbox"/>
Zip 33330	Country USA	Zip 33330	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ELLIS, SETH E
2600 N MILITARY TRIAL, SUITE 290
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name: **FRIEDMAN, OSCAR R CPA**
 Street Address (P.O. Box Number is Not Acceptable):
2555 CAMCLOT 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: *[Handwritten Signature]* **9/3/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, PETER 2750 N 29TH AVE HOLLYWOOD FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]* **PETER L STEVENS** **4/25/01** **954 328-6740**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[Handwritten Signature] **5/31/01**

CR2E034 (10/00)