

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90024 039 ***150.00

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DOCUMENT # P00000103675

1. Entity Name
FRANKLIN L. ZEMEL, P.A.



Principal Place of Business
**500 E. BROWARD BLVD.
SUITE 1130
FORT LAUDERDALE FL 33394**

Mailing Address
**500 E. BROWARD BLVD.
SUITE 1130
FORT LAUDERDALE FL 33394**



2. Principal Place of Business
ONE FINANCIAL PLAZA

Suite, Apt. #, etc.
SUITE 2700

City & State
FT. LAUDERDALE FL

Zip
33394

Country
USA

3. Mailing Address
ONE FINANCIAL PLAZA

Suite, Apt. #, etc.
SUITE 2700

City & State
FT. LAUDERDALE FL

Zip
33394

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0152500**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEMEL, FRANKLIN ESQ.
500 E. BROWARD BLVD.
SUITE 1130
FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name **ZEMEL, FRANKLIN L.**
Street Address (P.O. Box Number is Not Acceptable)
**ONE FINANCIAL PLAZA
SUITE 2700**
City **FT. LAUDERDALE** **FL** Zip Code **33394**

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

FILE NOW IN FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **ZEMEL, FRANKLIN L**
STREET ADDRESS **500 E BROWARD BLVD #1130**
CITY-ST-ZIP **FT LAUDERDALE FL 33394**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Change ☐ Addition
NAME **ZEMEL, FRANKLIN L.**
STREET ADDRESS **ONE FINANCIAL PLAZA, #2700**
CITY-ST-ZIP **FT. LAUDERDALE FL 33394**

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

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

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

12. 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 10 or Block 11 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 #

(954) 764 7060

CR2E034 (10/02)