FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91145 041 ***150.00

DOCUMENT # P02000107051

666510

1. Entity Name
LAW OFFICES OF Eric L Bronfeld, PA

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	
300 SE 14th St Suite, Apt. #, etc.	300 SE 14th St Suite, Apt. #, etc.	650555064	Applied For Not Applicable
City & State Ft Lauderdale FL	City & State Ft. Lauderdale FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 33316 Country USA	Zip 33316 Country USA		

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

Name: Eric L. Bronfeld

Street Address (P.O. Box Number is Not Acceptable): 300 SE 14 Street

City: Ft. Lauderdale FL Zip Code: 33316

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] President DATE: 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Eric L. Bronfeld
STREET ADDRESS	300 SE 14th St
CITY-ST-ZIP	Ft Lauderdale FL 33316
TITLE	VP
NAME	Eric L Bronfeld
STREET ADDRESS	300 SE 14th St
CITY-ST-ZIP	Ft Lauderdale FL 33316
TITLE	Secretary
NAME	Eric L Bronfeld
STREET ADDRESS	300 SE 14th St
CITY-ST-ZIP	Ft Lauderdale FL 33316
TITLE	Treasurer
NAME	Eric L Bronfeld
STREET ADDRESS	300 SE 14th St
CITY-ST-ZIP	Ft Lauderdale FL 33316
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NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02 954 527 1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #