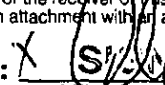


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2003 8:00 am
Secretary of State

09-19-2003 90002 001 ***550.00

DOCUMENT # P01000017383			
1. Entity Name ALEX N. KAPETAN, JR. P.A.			
Principal Place of Business 520 SE 5 AVE #1304 FORT LAUDERDALE FL 33301		Mailing Address 520 SE 5 AVE #1304 FORT LAUDERDALE FL 33301	
2. Principal Place of Business 1701 W. Hillsboro BLVD Suite, Apt. #, etc. Suite 305		3. Mailing Address 1701 W. Hillsboro BLVD Suite, Apt. #, etc. Suite 305	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33442	Country USA	Zip 33442	Country USA
4. FEI Number 65-109586		NOT APPLICABLE	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAPETAN, ALEX N JR 520 SE 5 AVE #1304 FORT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1701 W. Hillsboro BLVD Suite 305 City Deerfield Beach, FL Zip Code 33442	
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:  DATE: 8/20/03 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPETAN, ALEX N JR 520 SE 5 AVE, #1304 FORT LAUDERDALE FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1701 W. Hillsboro BLVD # 305 Deerfield Beach, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 8/20/03 954-570-8989 Date Daytime Phone #	

CP2E034 (4/03)