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**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000024095  
1. Entity Name Federal Disability Law Associates, Inc.

FILED

03 MAY -5 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2450 NE Miami Gardens Drive (same)  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State North Miami Beach  
Zip 33180 Country DADE

City & State  
Country

4. FEI Number ☒ Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Stanley Rosenberg  
Street Address (P.O. Box Number is Not Acceptable) 2450 NE Miami Gardens Dr.  
City NMB FL Zip Code 33180

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 Stanley Rosenberg DATE 11/30/03  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Stanley Rosenberg</u> <u>2450 NE Miami Gardens Dr.</u> <u>NMB FL 33180</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300018940103</u> <u>05/14/03--01051--019 **300.00</u>
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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: Stanley Rosenberg DATE 4/30/03 954-472-9144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)

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December 31, 2002

State of Florida  
Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Mr. Tyrone Scott:

Please find enclosed a re-instatement form and a check to the Secretary of State for \$150 for my corporation. I did not receive the notice to initially register the corporation for the current year. I would respectfully request that the late fee be waived.

Sincerely,

