

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000039679 1. Entity Name JEROME M. ABRAHAM, P.A.		
Principal Place of Business 13275 LAKESIDE TERRACE COOPER CITY, FL 33330 16137 SW 68th St. Miami FL 33193		
Mailing Address 13275 LAKESIDE TERRACE COOPER CITY, FL 33330 16137 SW 68th St. Miami FL 33193		
2. Principal Place of Business 16137 SW 68th St. Suite, Apt. #, etc.		
3. Mailing Address 16137 SW 68th St. Suite, Apt. #, etc.		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
City & State Miami, FL	City & State Miami FL	4. FEI Number 65-1111093
Zip 33193	Country USA	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ABRAHAM, JEROME 13275 LAKESIDE TERRACE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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: <i>Jerome All</i> (PLEASE TYPE OR PRINT NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE)		DATE: 5/1/03 (NOTE: Registered Agent Signature required when changing)
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete ABRAHAM, JEROME 16137 S.W. 68TH STREET MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 executor 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, without other like empowered.		
SIGNATURE: <i>Jerome All</i> (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date: 305 388-9893 Daytime Phone #

90134561

CFR6034 (1/02)