

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90192 047 ***150.00

DOCUMENT # P01000109039

1. Entity Name
ADAM S. CHOTINER, P.A.



Principal Place of Business
4000 HOLLYWOOD BLVD., SUITE 620N
HOLLYWOOD FL 33021

Mailing Address
4000 HOLLYWOOD BLVD., SUITE 620N
HOLLYWOOD FL 33021

2. Principal Place of Business
22043 FLOWER DRIVE
Suite, Apt. #, etc.

3. Mailing Address
22043 FLOWER DRIVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL
Zip
33428
Country

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33428
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4. FEI Number **65-1154822**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHOTINER, ADAM S ESQ.
4000 HOLLYWOOD BLVD., SUITE 620N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name **Adam S. Chotiner**
Street Address (P.O. Box Number is Not Acceptable)
22043 FLOWER DRIVE
City **BOCA RATON** **FL** **Zip Code** **33428**

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 **1/19/03**

FILE NOW!!! 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME CHOTINER, ADAM S	
STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 620N	
CITY-ST-ZIP HOLLYWOOD FL 33021	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHOTINER, ADAMS	
STREET ADDRESS 22043 FLOWER DRIVE	
CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)