

**2002 UNIFORM BUSINESS REPORT (UBR)**APPROVED  
AND  
FILED

02 OCT 18 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FL 32377

DOCUMENT # P01000119440

1. Entity Name

BRUCE M. PASTERNAK, P.A.

Principal Place of Business

5612 PINNACLE HEIGHTS CIR. #111  
TAMPA FL 33624

Mailing Address

5612 PINNACLE HEIGHTS CIR. #111  
TAMPA FL 33624

2. Principal Place of Business

Suite, Apt. #, etc.

6225 SW 126TH ST

3. Mailing Address

Suite, Apt. #, etc.

6225 SW 126TH ST

City &amp; State

MIAMI FL

City &amp; State

MIAMI FL

Zip

33156

Country

USA

Zip

33758

Country

USA

4. FEI Number

59-3761092

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASTERNAK, BRUCE

5612 PINNACLE HEIGHTS CIR. #111  
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6225 SW 126TH ST

City

MIAMI

FL

Zip Code

33156

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PASTERNAK, BRUCE	
STREET ADDRESS	5612 PINNACLE HEIGHTS CIR. #111	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE	6225 SW 126TH ST	<input type="checkbox"/> Delete
NAME	MIAMI FL	
STREET ADDRESS	33156	
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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	6225 SW 126TH ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIAMI FLA	
STREET ADDRESS	33156	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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 Block 12 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

9/10/02

8132307861

Date

Daytime Phone #