2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1.

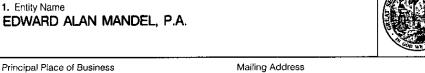
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FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90087 038 ***150.00

OCUMENT #	P01000120883	
DWARD ALAN MANDEL, P.A.		
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3109 LAKESHORE DRIVE DEERFIELD BEACH FL 33442-8465	3109 LAKESHORE DRIVE DEERFIELD BEACH FL 33442-8465						
2.) Principal Place of Business 1825 S. OCEAN DE		are DRIVE	1		181 1819 1811 1819 <u> </u> 1818	19189 1111 1581	
#Suite, Apt. #, etc.	Suite, Apt. #, etc. # 706			CHECK HERE IF MAKING CHANGES			
HALLANDALE BEACH . Florio	City & State A HAllandala	BEAch-	4. FEI Number	01-0552966	— — —	oplied For ot Applicable	
33009 Country USA	33009	Country USA	5. Certificate of S	Status Desired [□ \$8.75 Add Fee Require		
6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Regis	stered Agent		
and the second of the second	a mentemberatura dan 1960 den 1960 de	Name			- '		
MANDEL, EDWARD ALAN 3109 LAKESHORE DRIVE		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
DEERFIELD BEACH FL 33442-8465					•		
		City	A ANT COMMAND		FL Zip Cod	e	
8. The above named entity submits this statement for the obligations of registers agent. SIGNATURE Signature, typed or primed name of registered agent.	alen O	Jahr	registered agent, or both, in	n the State of Florida	, I am familiar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	f State		i i	n Campaign Financi und Contribution.	_ ++	0 May Be d to Fees	
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH.	ANGES TO OFFICE			
NAME STREET ADDRESS CITY-ST-ZIP P MANDEL, EDWARD A 3109 LAKES LONE DRIVE DEERFIELD BEACH FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Chánge	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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:

NAME

STREET ADDRESS

☐ Delete

☐ Addition

☐ Change