

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

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

04-11-2003 90087 038 ***150.00

DOCUMENT # P01000120883

1. Entity Name
EDWARD ALAN MANDEL, P.A.



Principal Place of Business
3109 LAKESHORE DRIVE
DEERFIELD BEACH FL 33442-8465

Mailing Address
3109 LAKESHORE DRIVE
DEERFIELD BEACH FL 33442-8465

2. Principal Place of Business
1825 S. OCEAN DRIVE

3. Mailing Address
1825 S. OCEAN DRIVE

Suite, Apt. #, etc.
706

Suite, Apt. #, etc.
706

City & State
HALLANDALE BEACH, Florida

City & State
HALLANDALE BEACH FL

Zip
33009

Country
USA

Zip
33009

Country
USA

4. FEI Number **01-0552966**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANDEL, EDWARD ALAN
3109 LAKESHORE DRIVE
DEERFIELD BEACH FL 33442-8465

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 *Edward Alan Mandel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MANDEL, EDWARD A**
STREET ADDRESS **3109 LAKES LONE DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 empowerment.

SIGNATURE: *Edward Alan Mandel* **4/8/03** **954-663-3441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)