

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/14

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-14-2003 90072 043 ***150.00

DOCUMENT # P02000007102

1. Entity Name

JEFFREY M. RIFKIN, PHD, P.A.

Principal Place of Business
5302 NW 99TH LANE
CORAL SPRINGS FL 33076

Mailing Address
5302 NW 99TH LANE
CORAL SPRINGS FL 33076

55054921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-007498

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RIFKIN, JEFFREY M
5302 NW 99TH LANE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name Stephen Zalka CPA

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

6437 NW 99th Ave

City Packland

FL

Zip Code 33076

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

Stephen Zalka CPA

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PD
STREET ADDRESS RIFKIN, JEFFREY M
CITY-ST-ZIP 5302 NW 99TH LANE
CORAL SPRINGS FL 33076

TITLE ☐ Delete
NAME VD
STREET ADDRESS RIFKIN, AMANDA M
CITY-ST-ZIP 5302 NW 99TH LANE
CORAL SPRINGS FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55054921

STEPHEN M. ZALKA

P02000007102

TEL.: (954) 752-8932

FAX: (954) 346-7786

E-MAIL: SZALKACPA@AOL.COM

WWW.STEPHENZALKACPA.COM

CERTIFIED PUBLIC ACCOUNTANT
A PROFESSIONAL ASSOCIATION

BROWARD
7667 WEST SAMPLE ROAD
SUITE 280
CORAL SPRINGS, FLORIDA 33065

DADE
90 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

REPLY ONLY TO:
BROWARD OFFICE

August 7, 2003

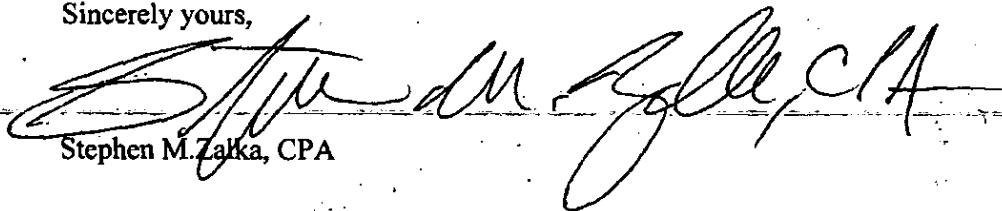
Florida Department of State
2003 Uniform Business Report

Re: Jeffrey M. Rifkin, PHD, P.A.
P02000007102

Dear Mr. Toner:

The Registered Agent moved offices and this was never received; please accept this as a timely filing since the owner of the business received the form several weeks late.

Sincerely yours,


Stephen M. Zalka, CPA