

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90198 002 \*\*\*150.00

**DOCUMENT # P02000023298**

1. Entity Name  
**AMANDA J. BELKIN, P.A.**



Principal Place of Business  
**PHILLIPS POINT 777 SOUTH FLAGLER DRIVE  
WEST TOWER - SUITE 800  
WEST PALM BEACH FL 33401**

Mailing Address  
**PHILLIPS POINT 777 SOUTH FLAGLER DRIVE  
WEST TOWER - SUITE 800  
WEST PALM BEACH FL 33401**

2. Principal Place of Business  
**712 North Olive  
Suite, Apt. #, etc.  
West Palm Beach, FL  
City & State  
33401**

3. Mailing Address  
**712 North Olive  
Suite, Apt. #, etc.  
West Palm Beach, FL  
City & State  
33401**



☐ CHECK HERE IF MAKING CHANGES

Zip  
**33401** Country  
**USA**

Zip  
**33401** Country  
**USA**

4. FEI Number  
**01-0648461** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WALDEN, LINDA J  
1489 WEST PALMETTO PARK ROAD  
SUITE 400  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name  
**Amanda J. Belkin, Esq.**  
Street Address (P.O. Box Number Is Not Acceptable)  
**712 North Olive  
West Palm Beach, FL 33401  
City FL Zip Code 33401**

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 **2-5-03**  
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  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELKIN, AMANDA J  
PHILLIPS POINT 777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 reports 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 (10/02)