

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

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

04-11-2003 90125 041 ***150.00

0396968 AV

DOCUMENT # **P02000050679**

1. Entity Name
STANLEY LITVAK, P.A.



Principal Place of Business
**1215 S.E. 2ND STREET
FT. LAUDERDALE FL 33301
2505 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301**

Mailing Address
**1215 S.E. 2ND STREET
FT. LAUDERDALE FL 33301
2505 E Las Olas Blvd
Ft. Lauderdale, FL 33301**



2. Principal Place of Business
2505 E Las Olas Blvd

3. Mailing Address
2505 E Las Olas Blvd

CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
75-3052501

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LITVAK, STANLEY
1215 S.E. 2ND STREET
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2505 E LAS OLAS BLVD
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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LITVAK, STANLEY 1215 S.E. 2ND STREET 2505 E Las Olas Blvd FT. LAUDERDALE FL 33301 Ft. Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Stanley Litvak** **1/4803** **(954) 524-5502**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)