
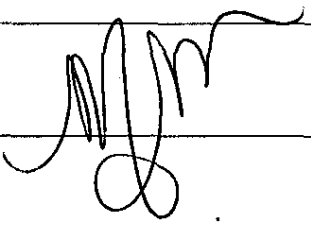
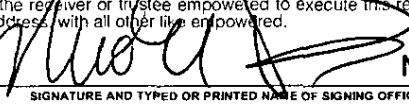


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000095898							
1. Entity Name RESEARCH FOR LAWYERS, INC.							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 3370 N.E. 190TH ST.			3. Mailing Address 3370 N.E. 190TH ST.				
Suite, Apt. #, etc. 1902			Suite, Apt. #, etc. 1902				
City & State AVENTURA, FL			City & State AVENTURA, FL				
Zip 33180		Country US		DO NOT WRITE IN THIS SPACE			
Zip 33180		Country US					
DO NOT WRITE IN THIS SPACE				4. FEI Number 51-0441015		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent	
						Name Spiegel & Utrera, P.A.	
						Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
City Miami		FL		Zip Code 33145			
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 _____							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICOLE E. WOLOWITZ (PRES. & DIRECTOR) 3370 N.E. 190TH ST. #1902 AVENTURA, FL 33180			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200018457732 05/07/03--01082--016 **150.00		
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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 on an attachment with an address, with all other like empowered.							
SIGNATURE: 		NICOLE E. WOLOWITZ		4/14/2003	305-933-9914		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #		

CR2E034B (12/02)