

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

**DOCUMENT # P02000095898**  
1. Entity Name  
**RESEARCH FOR LAWYERS, INC.**



**FILED**  
03 APR 21 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3370 N.E. 190TH ST.</b>		3. Mailing Address <b>3370 N.E. 190TH ST.</b>	
Suite, Apt. #, etc. <b>1902</b>		Suite, Apt. #, etc. <b>1902</b>	
City & State <b>AVENTURA, FL</b>		City & State <b>AVENTURA, FL</b>	
Zip <b>33180</b>	Country <b>US</b>	Zip <b>33180</b>	Country <b>US</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>51-0441015</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>Spiegel &amp; Utrera, P.A.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1840 Coral Way, 4th Floor</b>
City <b>Miami</b>
State <b>FL</b>
Zip Code <b>33145</b>

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 reconstating) \_\_\_\_\_ DATE \_\_\_\_\_

<p><b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p><b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NICOLE E. WOLOWITZ (PRES. &amp; DIRECTOR)</b> <b>3370 N.E. 190TH ST. #1902</b> <b>AVENTURA, FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200018457732</b> <b>05/07/03--01082--016 **150.00</b>
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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 titles 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)