## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

DAVIE FL 33324

3. Mailing Address

Suite, Apt. #, etc.

City & State

2325 SW 105TH TERR

## P02000108633 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

BERNSTEIN, STEVEN A

2325 SW 105TH TERR

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

DAVIE FL 33324

STEVEN A. BERNSTEIN, DPM P.A.



## **FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90142 042 \*\*\*150.00

IUUJUJTT



Street Address (P.O. Box Number is Not Acceptable) 2325 SW 105TH TERR DAVIE FL 33324 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.

Country

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

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 ☐ Delete TITLE ☐ Change Addition BERNSTEIN, STEVEN A NAME NAME 2325 SW 105TH TERR STREET ADDRESS STREET ADDRESS DAVIE FL 33324 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 acceptate 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

SIGNATURE:

SIGNAT