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

## **DOCUMENT #**

Principal Place of Business

12771 SW 104TH AVENUE

P02000128951

Mailing Address

1. Entity Name . . . .

ALAN L. POSTMAN, P.A.



**FILED** Mar 05, 2003 8:00 am § Secretary of State
03-05-2003 90059 007 \*\*\*150.00

WE THE	
	( 1991) PSC (ii) PSC (ii) (191) PSC (ii) PSC (1991) (1992) (1993) (1993) (1993)

Suite, Apt. 4, etc.  City & Stato  City & Stato  Service Suite Sui	12771 SW 104TH AVENUE MIAMI FL 33176-4764				12771 SW 104TH AVENUE MIAMI FL 33176-4764				T I TRANSTI MY CRIVE NEW CRIVE ERW ERW P		###	• • • • • • • • • • • • • • • • • • •	
City & State  Streen Address of State Desired   Santa Address of New Registered Agent    Name  Streen Address (P.O. Box Number is Nix Acceptable)  City   FL   Zip Code  City   Tity   Zip Code  City   FL   Zip	2. Principal Place of Business			3. Maili	3. Mailing Address								
Zp Country Zip Country 5. Certificate of Status Desired Season 58.75 Additional reactions of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 8.	Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Country   Country   Country   Country   Country   S. Certificate of Status Desired   \$8,75 Additional Price Required   Section   Secti	City & State	!	· · · · · · · · · · · · · · · · · · ·	· City &	City & State				4. FEI Number Applied For				
Name and Address of Current Registered Agent   Name   Na	Zip		Country	Zip	Zip Coun			try			\$8.75 Additional		
POSTMAN, ALAN L 1277 SW 104TH AVENUE MIAMI FL 33176-4764  6. The above named ontity 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 and time it applicable.  SIGNATURE  SUPURINO hose or officed run of registered agent and time it applicable.  OCITY  FLE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	e - α <b></b>	6. Name	and Address of Curre	nt Registered	d Agent			7.	Name and Address of New Regis				
Street Address (P.C. Box Number is Not Acceptable)    Street Address (P.C. Box Number is Not Acceptable)			-				Name						
MIAMI FL 33176-4764  8The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SUMME   Summer to printed name of implicance agent and sin it applicable. (NOTE Registered Agent agenture required areas even revoluting)  PELE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing   \$5.00 May Be Added to Fees Added to Fees Added to Fees Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NOW.  SIREET AUGRESS  CITY-S1-2P  MIAMI FL 33176-4764  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  POSTMAN, ALAN L  SIREET AUGRESS  CITY-S1-2P  TITLE  MAME  SIREET AUGRESS  CITY-S1-2P  TITLE			1 .				Street Address (P.O. Box Number is Not Acceptat						
E.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							-						
SIGNATURE    SIGNATURE   Surriative types or printed name of appetrated agent and sice if appetration.   (NOTE Registered Agent signature required when relatabiling)   DATE	· , ·		\$** \$**				'				1 '		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE NAME POSTMAN, ALAN L 2771 SW 104TH AVENUE CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P SIRRET ADDR	8. The above r	named entity ons of regist	y submits this statement ered agent.	for the purpo	se of changing its	registere	ed office or regi	stered ag	gent, or both, in the State of Florida	. I am fa	miliar with,	, and accept	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE NAME POSTMAN, ALAN L 2771 SW 104TH AVENUE CITY-ST-2P TITLE NAME SIRRET ADDRESS CITY-ST-2P SIRRET ADDR	SIGNATURE		-						•				
After May 1, 2003 Fee will be \$55,00 May Be Make Check Payable to Florida Department of State  10.	SIGNATURE -	Signature, typed	or printed name of registered age	nt and title if applic	cable. (NOTE	Registere	d Agent signature req	uired when r	einstating)	DATE		[	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE POSTD OSTRAN, ALAN L 12771 SW 104TH AVENUE CITY-ST-2IP MIAME SIREET ADDRESS CITY-ST-2IP MIAME SIREET ADDRESS CITY-ST-2IP  TITLE MAME SIRET ADDRESS CITY-ST-2IP  T			•	_				,	9. Election Campaign Finance	na	\$5.C	M May Bo	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP											Added	d to Fees	
NAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	- 1.	OFFICERS AN	D DIRECTOR	is	11.		ΑC	DDITIONS/CHANGES TO OFFICER	RS AND I	DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP    12771 SW 104TH AVENUE   STREET ADDRESS   CITY-ST-ZIP					☐ Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP  MIAMI FL 33176-4764  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					•								
TITLE NAME STREET ADDRESS CITY-ST-ZIP												}	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME					NAM			·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							<b>I</b>		•			ĺ	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						-			_ <del></del>	·		·	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					L_f Delete		1				Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	ľ						I					ľ	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		, , <u> </u>		☐ Delete	TITLE					Change	Addition	
CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition Change STREET ADDRESS CITY-ST-ZIP	1					NAME					,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP							<b>I</b>						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP													
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					L_l Delete		ſ			l	☐ Change	☐ Addition	
TITLE TITLE TITLE TITLE TITLE TITLE TO Change Addition NAME  NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP							1					{	
NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	t t												
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE				[	Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP						NAME					-	]	
		rtify that the	information supplied wit	th this filing d	oes not qualify for t			Section	110 07(3)(i) Florido Statutas I fund	or oad't	a short the a tr	oformati	

indicated on this report or supplemental report is true and accurate of the corporation or the receiver of base empowered execute changed, or on an attachment with an address with an analysis of the corporation or the receiver of base empowered execute changed. they for the exemption stated in Section 119.07(5)(i), Florida Statutes. Flutting certify that it is an officer or director that it was signature shall have the same legal effect as if made under oath; that I am an officer or director report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is

SIGNATURE: )