

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**  
 03-22-2001 90031 050 \*\*\*150.00

**DOCUMENT # P93000038434**

1. Entity Name  
**EISDORFER & ASSOCIATES, INC.**

Principal Place of Business

**7355 FAIRWAY DR #238**  
**MIAMI LAKES FL 33014**

Mailing Address

**7355 FAIRWAY DR #238**  
**MIAMI LAKES FL 33014**  
**US**

2. Principal Place of Business

**7355 Fairway Dr**  
 Suite, Apt. #, etc.  
**#238**

3. Mailing Address

**7355 Fairway Dr**  
 Suite, Apt. #, etc.  
**238**

City & State

**MIAMI Lakes, FL**

City & State

**MIAMI Lakes FL**

Zip  
**33014**

Country  
**Done**

Zip  
**33014**

Country  
**Done**

6. Name and Address of Current Registered Agent

**EISDORFER, ALFRED**  
**7355 FAIRWAY DR #238**  
**MIAMI LAKES FL 33014**  
**7355**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be: \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
**D 7355**  
 NAME  
**EISDORFER, ALFRED**  
 STREET ADDRESS  
**7355 FAIRWAY DR #238**  
 CITY-ST-ZIP  
**MIAMI LAKES FL 33014**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/01 305-825-9311**  
 Date Daytime Phone #

CR2E034 (10/00)