


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91150 011 \*\*\*150.00

DOCUMENT # **P93000043290**  
1. Entity Name  
**Alan Frankel & Associates, PA**



**DO NOT WRITE IN THIS SPACE**

**90127190**

2. Principal Place of Business  
**12313 SW 123 Terr**  
Suite, Apt. #, etc.

3. Mailing Address  
**12313 SW 123 Terr.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Florida**

City & State  
**Miami, FL 33186**

4. FEI Number  
**65-0419252**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
**33186** Country  
**US**

Zip  
**33186** Country

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Homer, Jeffrey**

Street Address (P.O. Box Number is Not Acceptable)  
**7931 SW 45th Street**

City  
**Davie FL** Zip Code  
**33328**

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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	<b>DP</b>	TITLE	
NAME	<b>Frankel, Alan</b>	NAME	
STREET ADDRESS	<b>12313 SW 123 Terr.</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>Miami, Florida 33186</b>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Alan I Frankel** **5/1/03** **(305) 588-4500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)