

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 031 ***150.00

DOCUMENT #	P93000049724
1. Entity Name	
SEYMOUR S. STEIN, PH.D., P.E. & ASSOC. INC.	

DO NOT WRITE IN THIS SPACE

80056820

2. Principal Place of Business		3. Mailing Address	
5200 N. OCEAN DR.		5200 N. OCEAN DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#21A		#21A	
City & State		City & State	
SINGER ISLAND, FL		SINGER ISLAND, FL	
Zip	Country	Zip	Country
33404		33404	
4. FEI Number		Applied For	
65-0455953		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name	STEIN, SEYMOUR S.
Street Address (P.O. Box Number is Not Acceptable)	5200 N. OCEAN DR. #21A
City	SINGER ISLAND FL Zip Code 33404

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 _____ (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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	D	TITLE	
NAME	STEIN, SEYMOUR S.	NAME	
STREET ADDRESS	5200 N. OCEAN DR. #21A	STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND, FL 33404	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	STEIN, LUCILLE R.	NAME	
STREET ADDRESS	5200 N. OCEAN DR. #21A	STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND, FL 33404	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Seymour S. Stein **3-13-02** **5618450870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)