

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90121 042 \*\*\*150.00

**DOCUMENT # P93000062284**

1. Entity Name  
**N.A. MOSCOWITZ, P.A.**

Principal Place of Business <b>2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336</b>	Mailing Address <b>PO BOX 01009 -- MIAMI FL 33101-9109</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>100 S.E. SECOND STREET</b> Suite, Apt. #, etc. <b>SUITE 3700</b> City & State <b>MIAMI FL</b>	3. Mailing Address <b>100 S.E. SECOND STREET</b> Suite, Apt. #, etc. <b>SUITE 3700</b> City & State <b>MIAMI FL</b>
Zip <b>33131</b>	Country

4. FEI Number <b>65-0434414</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MOSCOWITZ, NORMAN A 200 S BISCAYNE BLVD SUITE 2500 MIAMI FL 33131-2336</b>	7. Name and Address of New Registered Agent Name <b>MOSCOWITZ, NORMAN A</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 S.E. SECOND STREET</b> <b>SUITE 3700</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>
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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 *Norman A. Moscowitz* DATE **3/17/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Norman A. Moscowitz, Registered Agent**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <input type="checkbox"/> Delete <b>MOSCOWITZ, NORMAN A</b> <b>2500 FIRST UNION FINANCIAL CENTER</b> <b>MIAMI FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MOSCOWITZ, NORMAN A</b> <b>100 S.E. SECOND STREET, SUITE 3700</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norman A. Moscowitz* DATE **3/17/00** Daytime Phone # **305/379-8300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Norman A. Moscowitz, Director**

CR2E034 (9/99)