

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90232 043 ***150.00

DOCUMENT # P94000024286

1. Entity Name
BLECKER & LEWINGER, P.A.



Principal Place of Business
**899 W CYPRESS CREED RD 900
321
FT LAUDERDALE FL 33309
US**

Mailing Address
**899 W CYPRESS CREED RD 900
321
FT LAUDERDALE FL 33309
US**

2. Principal Place of Business
**6600 N Andrews Ave
Suite, Apt. #, etc.
#306**

3. Mailing Address
**6600 N Andrews Ave
Suite, Apt. #, etc.
#306**

City & State
Ft Lauderdale, Fl

City & State
Ft Lauderdale, Fl

4. FEI Number
65-0475980

Applied For
☐ Not Applicable

Zip Country
33309 US

Zip Country
33309 USA

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

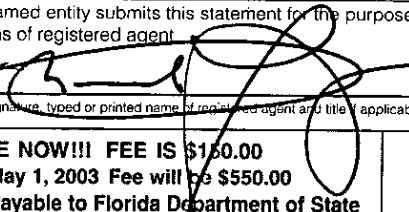
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWINGER, RICK
899 W. CYPRESS CREEK #321
FORT LAUDERDALE FL 33309**

Name
Street Address (P.O. Box Number is Not Acceptable)
**6600 N. Andrews Ave
#306
City Ft Lauderdale FL Zip Code 33309**

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

(NOTE: Registered Agent signature required when reinstating)

2/14/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BLECKER, STEVE**
STREET ADDRESS **899 W CYPRESS CREED RD 321**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6600 N. Andrews Ave., #306**
CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE **D** ☐ Delete
NAME **LEWINGER, RICK**
STREET ADDRESS **899 W CYPRESS CREED RD 321**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6600 N Andrews Ave., #306**
CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with signature and date empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03
Date

954 493 6500
Daytime Phone #

CR2E034 (10/02)