

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P94000037666**

1. Entity Name

**DRS. GRABOIS, FIRESTONE, HALFON & LEBOW, INC.**

Principal Place of Business

**21100 BISCAYNE BLVD.  
SUITE 312  
NORTH MIAMI BEACH  
33180****FL**

Mailing Address

**4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD  
33021****FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0493024**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MARTUS JAY A  
4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD  
33021 US****FL****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)

**04/27/2000**

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, 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**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VPS**  
STREET ADDRESS **MARTUS JAY A**  
CITY-ST-ZIP **4651 SHERIDAN STREET, SUITE 400  
HOLLYWOOD FL 33021**TITLE ☐ Delete  
NAME **COOD**  
STREET ADDRESS **SCHUNDLER MICHAEL**  
CITY-ST-ZIP **4651 SHERIDAN STREET., STE 400  
HOLLYWOOD FL 33021**TITLE ☐ Delete  
NAME **EVD**  
STREET ADDRESS **GOLD LEWIS**  
CITY-ST-ZIP **4651 SHERIDAN STREET., STE 400  
HOLLYWOOD FL 33021**TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **EISENBERG MITCHELL**  
CITY-ST-ZIP **4651 SHERIDAN STREET., STE 400  
HOLLYWOOD FL 33021**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **GRABOIS MITCHELL**  
CITY-ST-ZIP **21110 BISCAYNE BOULEVARD, SUITE 312  
AVENTURA FL 33180**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME **CFOD**  
STREET ADDRESS **COWARD ROBERT**  
CITY-ST-ZIP **4651 SHERIDAN STREET., STE 400  
HOLLYWOOD FL 33021**TITLE ☒ Change ☐ Addition  
NAME **EVPD**  
STREET ADDRESS **GOLD LEWIS**  
CITY-ST-ZIP **4651 SHERIDAN STREET., STE 400  
HOLLYWOOD FL 33021**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

D. J. A. M. V. P. S.

VP/G

04/27/2000