

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90060 047 \*\*\*150.00

DOCUMENT # **P94000090218**

1. Entity Name  
**RUDY KELLERMAN, P.A.**

Principal Place of Business  
**254 NE 101 STREET**  
**MIAMI FL 33138**

Mailing Address  
~~1625 N. COMMERCE PKWY.~~  
~~STE. 225~~  
**WESTON FL 33326**



2. Principal Place of Business

3. Mailing Address

**1111 - 96 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**211**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**BAY HARBOR ISLANDS**

4. FEI Number

**65-0538178**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33154**

**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

**SHAPIRO, JAY S**  
**1625 N. COMMERCE PKWY.**  
**STE. 225**  
**WESTON FL 33326**

Name  
**ISAAC SALVER**

Street Address (P.O. Box Number is Not Acceptable)

**1111 - 96 STREET**

**SUITE 211**

City

**BAY HARBOR ISLAND FL**

Zip Code

**33154**

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

**3-14-02**

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

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>KELLERMAN, RUDY</b>
STREET ADDRESS	<b>P. O. BOX 398261</b>
CITY-ST-ZIP	<b>MIAMI BCH FL 33239</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 14, 2002**

Date

Daytime Phone #

CR2E034 (9/01)