

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

0152898 FP

07-25-2003 90096 044 \*\*\*550.00  
02-03-2003 90112 031 \*\*\*150.00

DOCUMENT # **P94000090218**

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



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

Mailing Address  
**1111-96 STREET  
SUITE 211  
BAY HARBOR ISLAND FL 33154**



2. Principal Place of Business  
**291 BAL BAY DR**

3. Mailing Address  
**P.O. BOX 398261**

Suite, Apt. #, etc.  
**APT 311**

Suite, Apt. #, etc.

City & State  
**BAL HARBOUR, FL**

City & State  
**MIAMI BEACH, FL**

Zip  
**33154**

Country  
**USA**

Zip  
**33239**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0538178**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SALVER, ISAAL  
1111-96 STREET  
SUITE 211  
BAY HARBOR ISLAND FL 33154**

7. Name and Address of New Registered Agent

Name **RUDY KELLERMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**291 BAL BAY DR APT 311**

City **BAL HARBOUR**

City **BAL HARBOUR** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. Kellerman* DATE **July 21, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 30, 2003 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KELLERMAN, RUDY P. O. BOX 398261 MIAMI BCH FL 33239</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE **July 21, 2003** DAYTIME PHONE # **305-776-7892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)