

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90454 024 ***150.00

DOCUMENT # P95000071347

1. Entity Name
SAUL RADLER, C.P.A., P.A.



Principal Place of Business
12340 N.E. 6TH COURT
N MIAMI FL 33161

Mailing Address
19951 NE 10TH PLACE WAY
MIAMI FL 33179

00001070



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
19951 NE 10th PLACE WAY
Suite, Apt. #, etc.

3. Mailing Address
19951 NE 10th PLACE WAY
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33179

Country
DADE

Zip
33179

Country
DADE

4. FEI Number 65-0611126

Applied For
Not Applicable

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

RADLER, SAUL
12340 N.E. 6TH COURT
NORTH MIAMI FL 33161

Saul Radler, ~~12340 N.E. 6TH COURT~~
19951 NE 10th Placeway
Miami Florida 33179

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. 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)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	RADLER, SAUL 12340 N.E. 6TH COURT N MIAMI FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition	19951 NE 10 th PLACE WAY MIAMI, FL 33179
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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)(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 all other like empowered.

SIGNATURE:

Saul Radler REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7, 2003 305-892-8330

Date

Daytime Phone #

CR2E034 (10/02)