

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90087 049 \*\*\*150.00

**DOCUMENT # P96000011110**

1. Entity Name  
**HODKIN & OSTROW, P.A.**

Principal Place of Business <b>1903 SOUTH CONGRESS AVE          STE 310          BOYNTON BCH FL 33426          US</b>	Mailing Address <b>1903 SOUTH CONGRESS AVE          STE 310          BOYNTON BCH FL 33426-6558          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7900 Glades Road          Suite, Apt. #, etc. 650          Boca Raton, FL          Zip 33434 Country USA</b>	3. Mailing Address <b>7900 Glades Road          Suite, Apt. #, etc. 650          Boca Raton, FL          Zip 33434 Country USA</b>
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4. FEI Number <b>65-0636512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**HODKIN, MICHELE J  
 1903 SOUTH CONGRESS AVE  
 STE 310  
 BOYNTON BCH FL 33426**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7900 Glades Road  
 SUITE 650**  
 City **Boca Raton FL** Zip Code **33434**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00        After MAY 1, 2000 Fee will be \$550.00        Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HODKIN, MICHELE J 1900 CORPORATE BLVD NW SUITE 301 BOCA RATON FL 33431</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HODKIN, MICHELE J 1903 SOUTH CONGRESS AVE STE 310 BOYNTON BCH FL 38426</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Hodkin, Michele J 7900 Glades Road Suite 650 Boca Raton, FL 33434</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Treasurer Hodkin, Michele J 7900 Glades Road Suite 650 Boca Raton, FL 33434</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, Sec. Jeffrey M. Ostrow 350 Las Olas Boulevard, 1440 Fort Lauderdale, FL 33301</b> <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michele J. Hodkin 4/22/2000 561477-5755  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)