

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90051 013 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000012917

1. Entity Name

ADRIENNE RICH HOCHMAN, P.A.

Principal Place of Business

Mailing Address

1435 A SOUTH MIAMI AVE.
MIAMI FL 33130

1435 A SOUTH MIAMI AVE.
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0647857

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

HOCHMAN, HOWARD
7695 SW 104 ST
STE 200
PINECREST FL 33156

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)

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, 2001 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	D	NAME	HOCHMAN, ADRIENNE RICH	STREET ADDRESS	1435 A SOUTH MIAMI AVE.	CITY-ST-ZIP	MIAMI FL 33130
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		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: Adrienne Rich Hochman

4/10/01 305 577-8977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIENNE RICH HOCHMAN

Date

Daytime Phone #