2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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P96000012917

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

ADRIENN	NE RICH HOCHMAN, P.A.				04	-28-2003 914	-09 0 4 9 13	,0.00	
	te of Business TH MIAMI AVE. 130	<u>.</u>		F 18811881 358 141			181 (181) 1886 (1881)		
2929	Place of Business AYE.	3. Mailing Address 3429 S.W.	3 AVE						
Suite, Apt.	#, etc. 3 o .	Suite, Apt. #, etc. # 435			□ СНЕ	ECK HERE IF MA	AKING CHANGE	s	
City & Stat M(AM)	FL	MIAMI FL		4. F	El Number 65	-0647857		Applied For Not Applicable	
33129	Country U.S.	33/29	Country U.S.	5 . 0	Certificate of Statu	s Desired	\$8.75 A Fee Requi		
	6. Name and Address of Current F	Registered Agent		7. N	lame and Addres	s of New Regist	ered Agent		l.,
~			Name			~~~			
HOCHMA 7695 SW	NN, HOWARD ' 104 St		Street Add	dress (P.O. Bo	ox Number is Not	Acceptable)		<u> </u>	
STE 200					•				1
	ST FL 33156		City				FL Zip Co	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or r	egistered age	ent, or both, in the	State of Florida.	I am familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and fills if applicable (NOTE P	Registered Agent signature	o roquirad whan ro	netating		DATE		
	Signature, typed or printed flame or registered agent a	ild title ii applicable. (1901c. n	tegistereti Agerit signatura	e redonare anien iei			DATE		
	7	* "		· · · · · · · · · · · · · · · · · · ·					}
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 (Parable to Florida Department of				9. Election Ca	ampaign Financin Contribution.		00 May Be)
After Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Ca Trust Fund	Contribution.	☐ Ādde	ed to Fees	
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1 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP