

P96000027258

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 JUN -6 PM 4:03

DOCUMENT # P9600002758

1. Entity Name

Milton Gene Friedman, CPA, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 SE 3rd Avenue

Suite, Apt. #, etc.

301

City & State

Ft. Lauderdale, FL

Zip

33316

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0652862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Milton Gene Friedman

Street Address (P.O. Box Number is Not Acceptable)

800 SE 3rd Avenue

Suite 301

City

Ft. Lauderdale

FL

Zip Code

33316

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 of person or persons authorized to sign this report

NOTE: Registrants' Agent signatures required when changing

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Electron Campaign Financing
Contributor's Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President/Director
Milton Gene Friedman
800 SE 3rd Avenue #301
Ft. Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Sec'y/Director
Janice V. Friedman
800 SE 3rd Avenue #301
Ft. Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Preo 954-263-8100

CUR25034B (12/02)

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IN THIS SPACE