

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91279 001 ***150.00

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DOCUMENT # P96000035118

1. Entity Name

**JEFFREY H. MINDE, ATTORNEY AND COUNSELOR-AT-LAW,
P.A.**



Principal Place of Business

**8041 W. MCNAB RD
TAMARAC FL 33321
US**

Mailing Address

**8041 W. MCNAB RD
TAMARAC FL 33321
US**

2. Principal Place of Business

4613 N. University Drive

3. Mailing Address

4613 N. University Drive

Suite, Apt. #, etc.

#242

Suite, Apt. #, etc.

#242

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33067

Country

US

Zip

33067

Country

US

6. Name and Address of Current Registered Agent

**MINDE, JEFFREY H
8041 W MCNAB RD
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name

Jeffrey H. Minde

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

4613 N. University Drive

#242

City

Coral Springs

FL

Zip Code

33067

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

Jeffrey H. Minde, Esq.

4/20/03

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

TITLE **P** ☐ Delete
NAME **MINDE, JEFFREY H**
STREET ADDRESS **8041 W MCNAB RD**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Minde, Jeffrey H.**
STREET ADDRESS **4613 N. University Drive #242**
CITY-ST-ZIP **Coral Springs FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeffrey H. Minde, Esq.

4/20/03

954-345-6465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)