2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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City & State City & State City & State City & State Country Country Country S. Conflictate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORNBERG, JOEL MD JD 7301-A W. PALMETTO PARK RD. SUITE 305 C BOCA RATON FL 33433 City City FL Zio Code City FL Zio Code This conposition is eligible to satisfy its mangine Task fing requirement and clocks to co so. Make Check Payable to Department of State This conposition is eligible to satisfy its mangine Task fing requirement and clocks to co so. Make Check Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Department of State This State Florida is the State of Florida. Additional Payable to Payab	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							
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KORNBERG, JOEL MD JD 7301-A W. PALMETTO PARK RD. SUITE 305 C BOCA RATON FL 33433 8. The above named entity submits this statement for the purpose of changing its registered Agent, or both in the State of Florida. 9. This corporation is eligible to satisfy its intengible Tax fling regularerial and slided is to do so. (See orders on back) FILE NOWITH FEE IS \$150.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State PART MAY 1, 2002 Fee will be \$550	Zip	Country	Zip	Zip Country			SR 75 Additional				
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Street Address (P.O. Box Number is Not Acceptable) FL		6. Name and Address of Currer	nt Registered Agent		Name	7. I	Name and Address of New	Hegistered Age	ant		
SUITE 305 C BOCA RATON FL 33433 City FL Zip Code 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 Roffida. SIGNATURE Signature, special or printed name of regulatered agent and title if applicable. NOTE Registered Agent agent required when retributing) DATE 9. This corporation is eligible to satisfy its intrangible framing in a financing in a finan	KORNBERG, JOEL MD JD				Street Address (P.O. Box Number is Not Acceptable)						
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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 Synature, Spead or pinted name of registered agent and title if applicable. (NOTE: Registered Agent registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee					City Zip Code						
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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 direct	CITY-ST-ZIP										