

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90116 040 ***150.00

DOCUMENT # P96000067383

1. Entity Name
HAROLD HAIMOWITZ, P.A.



Principal Place of Business
**555 SOUTH SOUTH FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432**

Mailing Address
**555 SOUTH SOUTH FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432**



2. Principal Place of Business
4700 NW Boca Raton Blvd

3. Mailing Address
4700 NW Boca Raton Blvd

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-0686482**

Applied For
 Not Applicable

Zip Country
33431 USA

Zip Country
33431 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HAIMOWITZ, HAROLD B
555 SOUTH SOUTH FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Harold Haimowitz**
Street Address (P.O. Box Number is Not Acceptable)
4700 NW Boca Raton Blvd
City **Boca Raton** FL Zip Code **33431**

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

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 NAME STREET ADDRESS CITY-ST-ZIP	D HAIMOWITZ, HAROLD B 555 SOUTH SOUTH FEDERAL HIGHWAY, SUITE 330 BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 (Date) **(561) 988-0823** (Daytime Phone #)

CR2E034 (10/02)