

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91570 023 \*\*\*158.75

**DOCUMENT # P96000068577**

1. Entity Name

**FRIEDFELD AND ASSOCIATES, P.A.**

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE  
 SUITE 400  
 COCONUT GROVE FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE  
 SUITE 400  
 COCONUT GROVE FL 33133**

2. Principal Place of Business

**8100 OAK Lane  
 Suite 300**

3. Mailing Address

**8100 OAK Lane  
 Suite 300**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI LAKES, FL**

**MIAMI LAKES, FL**

Country

Country

**33016**

**USA**

**33016**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0687653**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FRIEDFELD, ERIC  
 2665 SOUTH BAYSHORE DRIVE  
 SUITE 400  
 COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

**Friedfeld, Eric  
 8100 OAK Lane  
 # 300  
 MIAMI LAKES FL 33016**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDFELD, ERIC</b>	
STREET ADDRESS	<b>2665 S BAYSHORE DR, SUITE 400</b>	
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 11 or Block 12 if changed, or on an attachment with an address with all other changes indicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)