FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90330 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087735

1. Entity Name
JAY STARKMAN, P.A.

DO NOT WRITE IN THIS SPACE

B0053826

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 S.E. 2ND STREET	2450 N.E. M.GARDENS DR.
Suite, Apt. #, etc.: 3700	Suite, Apt. #, etc.: 2ND FLOOR
City & State: MIAMI, FL	City & State: N. MIAMI BEACH, FL
Zip: 33130 Country: U.S.	Zip: 33180 Country: U.S.

4. FEI Number: 65-0700381 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Doris M. Castillo

Street Address (P.O. Box Number is Not Acceptable): 2450 NE Miami Gedns Drive, 2nd Floor

City: N. Miami Beach FL Zip Code: 33180

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: Jay Starkman 3-19-02
Signature, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PSTD
NAME	JAY STARKMAN
STREET ADDRESS	2450 N.E. MIAMI GARDENS DR.
CITY-ST-ZIP	N. MIAMI BEACH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Jay Starkman 3-14-02 (305) 975-6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)