2001	UNIFORM BUS	?)		FILE	D						
DOCUMENT # P9600094666 1. Entity Name MARC G. ESPSTEIN, P.A.					· .	Apr 28, 2001 08:00 AM Secretary of State					
Principal Place		Mailing Address									
FT. LAUDERDA 33315	ALE FL US	FT. LAUDERDALE 33315	us	FL							
2. Principal Pi	ace of Business	3. Mailing Address 150 EAST DAVIE BLVD.								-	
Suite, Apt.		Suite, Apt. #, etc.	• •			DO NOT WRITE IN THIS SPACE					
City & State	ALE FL	City & State FT. LAUDERDALE		FL		. FEI Number 65-0723763			——————————————————————————————————————	plied For t Applicable]
Zip 33316	Country us	Zip 33316	Coun	try		. Certificate of St			\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	_		7.	Name and Add	ress of New F	legistered /	Agent		_
EPSTEIN MARC G 320 DAVIE BLVD						Box Number is N	Not Acceptable	;)	<u></u> -	<u> </u>	
FT. LAUDEI 33315	RDALE US	FL		201 City					Zip Code		-
8. The above	named entity submits_this statement for	or the purpose of changing its	registere	FT. LAUI	DERDALE registered a	agent or both in	the State of Flo	FL.	33316	· · · · · · · · · · · · · · · · · · ·	-
SIGNATURE	MARC G. EPSTEIN Signature, typed or printed name of registered agent	-		d Agent signatur	_			04/28 DATE	/2001	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW!!! After MAY 1, 2001 Make Check Payable			l FEE	IS \$150.0 will be \$5	50.00	10. Election	Campaign Fir nd Contributio		\$5.00 Added	May Be to Fees	7
11.	OFFICERS AND	DIRECTORS	12.		/	ADDITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTORS	IN 11	1
TITLE NAME STREET ADDRESS	PSTD EPSTEIN MARC G 320 DAVIE BLVD	☐ Delete	TITLE NAMI STRE		PSTD EPSTEIN 150 EAST	MARC DAVIE BLVD.#	G 201		X Change	Addition	034 (11/00)
CITY-ST-ZIP	FT. LAUDERDALE	FL 33315	-	ST-ZIP	FT. LAUI	DERDALE		FL .	33316	<u></u>	111
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ,							Change	☐ Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						=-	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1						☐ Change	Addition	1
of the corp	ertify that the information supplied wit on this report or supplemental report i ocration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that mo owered to execute this report a	v sinnat	ilire chall ha	iva tha com	e jenal offert se i	f mada undar i	aatha that I c	m on officer	ar director	
SIGNAT		PRINTED NAME OF SIGNING OFFICER C	R DIRECT	OR		PSTD 04	1/28/2001 Date	. 0	aytime Phone #		