

FOR PROFIT CORPORATION**2003 UNIFORM BUSINESS REPORT (UBR)****FILED**
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 039 ***150.00

DOCUMENT # P96000099552**1. Entity Name**

PVL Associates, Inc.

**DO NOT WRITE IN THIS SPACE**

00040612

2. Principal Place of Business

2511 Ponce de Leon Blvd.

3. Mailing Address

2511 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0725180

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**7. Name and Address of Current Registered Agent**

Name

Katzen, Barry MD

Street Address (P.O. Box Number is Not Acceptable)

2511 Ponce de Leon Blvd.

Suite 400

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE****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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00**After May 1, Fee is \$550.00****Amended UBR is \$61.25****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	PD Aptman, Michael MD 2511 Ponce de Leon Blvd. #400 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Katzen, Barry MD 2511 Ponce de Leon Blvd. #400 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kanter, Stephen MD 2511 Ponce de Leon Blvd. #400 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-446-2378

Daytime Phone #

CR2E034B (12/02)