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

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000099552

1. Entity Name

PVL Associates, Inc.



## **FILED** Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90115 039 \*\*\*150.00

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			THE STATE OF						
2. Principal Place of Business 2511 Ponce de Leon Blvd.	3. Mailing Address 2511 Ponce de Leon Blvd.								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Suite 400 Suite 400									
City & State Coral Gables, FL	City & State Coral Gables, FL		4. FEI	Number 65-07251	80	Applied For Not Applicable			
Zip Country 33134	Zip 33134	Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
En minimum of the control of the con	Samuel Company of the Company			7. Name	and Address of Curren				
			Name						
DO NOT W	RITE	Katzen, Barry MD							
The safe of the sa	2 9511 Dongo			nce de	Box Number is Not Acceptable) de Leon Blvd.				
IN THIS SP	ACE		Suite 40			·	·		
			City Cobland						
8. The above named entity submits this statement for	the purpose of changing its	registered			or both, in the State of F	lorida I am fam	33134		
the obligations of registered agent.	- ,- · ,- · · · · · · · · · · · · · · · · · ·		a omeo or regions	oros agorn	or oddy, at the oddle of t	ionda. Fam fam	mai wiin, and accept		
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SIGNATURE	TO(A) (A)(CT)	E. Pogistared	Agent signature require						
January 1 - May 1 Fee Is \$150.00	nd the rappicable. (NOT)	E: Registered .	Agent signature require	ed when reinsta	iting)	DATE			
After May 1, Fee is \$550.00 Amended UBR is \$61.25					Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of	State						7,0000 10 7 003		
10. OFFICERS AND I	DIRECTORS								
TITLE PD		TITLE	int of the		· · · · · · · · · · · · · · · · · · ·	or a grant or a	· · · · · · · · · · · · · · · · · · ·		
NAME Aptman, Michael MD	"	NAME		Mark Market Market	(Cabha 18 50年) 开始一位	History W. W.			
STREET ADDRESS   2511 Ponce de Leon B.		表。我想到1000	ADDRESS			The state of the s	Company of the Company		
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TITLE VSD		TITLE	Charles and Albertain	Cal in a little building	raus Lagrand	a de de trans	A COMPANY OF THE STREET		
NAME Katzen, Barry MD	11 #400	NAME		id eacedald	TENER CENTRAL CONTROL		and the area areas		
STREET ADDRESS 2511 Ponce de Leon B		<b>基代结件</b> 会	ADDRESS			<b>建设设施工程</b>			
CITY-ST-ZIP Coral Gables, FL 33	134	CITY-S	T-ZIP	- 14057		* 24			
III.		TITLE	AL THE STATE OF TH				THE PARTY OF THE P		
NAME Kanter, Stephen MD	11 #/.00	NAME	A			· 1000 1000 1000 1000 1000 1000 1000 10			
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CITY-ST-ZIP		CITY-S	process over the part of the	から手持		建制			
12. I hereby certify that the information supplied with t	his filing dead not qualify for	1,111		ootion 110	07(0)()				

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: X

SIGNATURE AND TYPED OR NAME OF SIGNING OFFICER OR DIRECTOR 305-446-2378

Date

Daytime Phone #