FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2002 8:00 am Secretary of State P96000104138 DOCUMENT # 1. Entity Name DAVID C. RASH, P.A. 04-21-2002 90849 024 \*\*\*150.00 Principal Place of Business Mailing Address 88 NORTHEAST 168TH STREET 88 NORTHEAST 168TH STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 Principal Place of Business 3. Mailing Address Street Flanler DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0728750 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RASH, DAVID C Street Address (P.O. Box Number is Not Acceptable) 88 NORTHEAST 168TH ST. NORTH MIAMI BEACH FL 33162 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be \*Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) RASH, DAVID C NAME NAME 44 West Flasler Street, suite 750 88 NORTHEAST 168TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33162** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE LEVY, RICHELLE B NAME NAME West Playlow Street, Suite 750 88 NORTHEAST 168TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-7IP Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 life empowered.