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

## **DOCUMENT #**

P97000000786

1. Entity Name

LAW OFFICES OF ROBERT KRAVITZ, P.A.



**FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90200 042 \*\*\*158.75

LAW OFFICES OF ROBLITT N				
Principal Place of Business 155 SOUTH MIAMI AVE. PH-ONE MIAMI FL 33130	Mailing Address 155 SOUTH MIAMI AVE. PH-ONE MIAMI FL 33130			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	 ☐ CHECK HERE IF MAKING C		
City & State	City & State	 4. FEI Number 65-0716171		

MIAMI FL 33130		MIAMI FL 33130								
. Principal Place o	ace of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Suite, Apr. II, oto.		Cit. 9 State			4. FEI Number 65-0716171 Applied For Not Applied by					
City & State		City & State				CR 75 Additional				
Zip	Country	Zip Country				5. Certificate of Status Desired Fee Required				
				$  \top$			7. Name and Address of New Registered Agent			
6. Name and Address of Current Reg			Name Name							
	DEDT A FOO			ļ	(2.2. Day Number is Not Accentable)					
KRAVITZ, ROBERT A ESQ.					Street Address (P.O. Box Number is Not Acceptable)					
	MIAMI AVE. STE 1111			-						
MIAMI FL 331	MIAMI, FL 33130			-	City . FL Zip Code					
74. 74.	*					d 000		amiliar with, an	d accept	
8. The above nam	ned entity submits this statement of registered agent.	for the purp					ent, or both, in the State of Florida. I am f			
	alure, typed or printed name of registered ago	ent and title if app	licable (NOT	E: Registered	Agent signature requ	uired when re	einstating) DATE		<del></del>	
After Ma	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.0 ayable to Florida Department	t of State	)DS	11.		AC	S. Election Campaign Financing     Trust Fund Contribution.  DDITIONS/CHANGES TO OFFICERS AND	Added to	IN 11	
10.		ND DIRECTO	☐ Delete	TITLE				Change	Addition	
NAME K	STD RAVITZ, ROBERT A 55 SOUTH MIAMI AVE ATE	1111	. Delete	NAME STREE	t address St-ZIP					
CITY-ST-ZIP N	MAMI FL 33130		Delete	TITLE				☐ Change	Addition	
TITLE			☐ Delete	NAME						
NAME				STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP			Change	Addition	
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NAME				NAM	ET ADDRESS		•			
STREET ADDRESS				- 6	-ST-ZIP					
CITY-ST-ZIP			<del></del>					Change	Addition Addition	
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NAME					ET ADDRESS					
STREET ADDRESS					-ST-ZIP					
CITY-ST-ZIP			☐ Delete	TITL	E			☐ Change	☐ Addition	
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NAME				STR	EET ADDRESS					
STREET ADDRESS CHTY-ST-ZIP				CITY	(-ST-ZIP			☐ Change	Additio	
J 311 31 28			☐ Delete	TITL	.E			Change	Addition	

STREET ADDRESS 12. Thereby certify that the information supplied with the filing flees pot quality 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 rue and that my signature shall have the same legal effect as if made under oath; that ham an officer or director of the corporation or the receiver or trustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all office the empowered. CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

TITLE

NAME