

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011174

1. Corporation Name

LAW OFFICES OF DAVID A. FINKELSTEIN, P.A.

Principal Place of Business

5660 CULLIS AVE #16-C
MIAMI BCH FL 33140

Mailing Address

PO BOX 403326
MIAMI BCH FL 33140

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90190 033 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

65-0816509

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. 1 NE 2ND AVE

2a. Mailing Address

26. P.O. Box 403326

Suite, Apt. #, etc.

22. 200

Suite, Apt. #, etc.

27.

City & State

23. Miami FL

City & State

28. Miami Beach FL

Zip Country

24. 33132

25. USA

Zip Country

29. 33140

30. USA

9. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID A
5660 CULLIS AVE #16-C
MIAMI BCH FL 33140

10. Name and Address of New Registered Agent

81. Name

DAVID Finkelstein

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

1 NE 2ND AVE # 200

83.

84. City

Miami

FL

85. Zip Code

33132

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE David Finkelstein
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME D
STREET ADDRESS FINKELSTEIN, DAVID A
CITY-ST-ZIP 5660 CULLIS AVE #16-C
MIAMI BCH FL 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DAVID A. Finkelstein
1.3 STREET ADDRESS 1 NE 2ND AVE # 200
1.4 CITY-ST-ZIP Miami, FL 33132

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Finkelstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

305-358-1100

Daytime Phone #

CR2E034 (1/98)