FILED

CR2E034 (9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2002 8:00 am & Secretary of State P97000035674 DOCUMENT # 1. Entity Name 04-30-2002 90069 011 \*\*\*150.00 MALCOLM A. PUROW, P.A. Mailing Address Principal Place of Business 4601 SHERIDAN ST 4601 SHERIDAN ST STE 306 **STE 306** HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business 100 W. Cypress Crock Rd 00 W. Cupress Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ste 930 Ste. 930 City & State Applied For 65-0746492 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PUROW, MALCOLM A Street Address (P.O. Box Number is Not Acceptable) W. Cypress Creek Ro 4600 SHERIDAN ST **STE 306** HOLLYWOOD FL 33020 City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PUROW, MALCOLA A. Ste 930 100 W. Cypress Creek Rd, Ste 930 **Change** Addition TITLE TITLE Delete NAME NAME PUROW, MALCOLM A STREET ADDRESS 4600 SHERIDAN ST STE 306 STREET ADDRESS Ft. Lauderdale, FL 33309 CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change \_\_ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Talcolm A Purow, Pres 4/15/02