

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90122 037 \*\*\*150.00

**DOCUMENT # P97000062799**

1. Entity Name

PAUL D. FRIEDMAN, P.A.

Principal Place of Business

100 SE 2ND ST  
 37TH FLOOR NATIONSBANK TOWER  
 MIAMI FL 33131-2158

Mailing Address

100 SE 2ND ST  
 37TH FLOOR NATIONSBANK TOWER  
 MIAMI FL 33131-2158

2. Principal Place of Business

1111 BRICKELL AVENUE

3. Mailing Address

1111 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 2050

Suite, Apt. #, etc.

SUITE 2050

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0768291

Applied For

Not Applicable

Zip

33131

Country

MIAMI-DADE

Zip

33131

Country

MIAMI-DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, PAUL D  
 100 SE 2ND ST  
 NATIONSBANK TOWER 37TH FLOOR  
 MIAMI FL 33131-2158

7. Name and Address of New Registered Agent

Name: PAUL D. FRIEDMAN  
 Street Address (P.O. Box Number is Not Acceptable): 1111 BRICKELL AVENUE  
 SUITE 2050  
 City: Miami FL Zip Code: 33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRIEDMAN, PAUL D	
STREET ADDRESS	100 SE 2ND ST 37TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131-2158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL D. FRIEDMAN	
STREET ADDRESS	1111 BRICKELL AVENUE, SUITE 2050	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 305/377-4100

CR2E034 (9/01)