


AMENDED UBR
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 11 AM 9:33
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P97000081517
 1. Entity Name
COLE, SCOTT & KISSANE, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1390 BRICKELL AVENUE		3. Mailing Address 1390 BRICKELL AVENUE	
Suite, Apt. #, etc. THIRD FLOOR		Suite, Apt. #, etc. THIRD FLOOR	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country US	Zip 33131	Country US

DO NOT WRITE IN THIS SPACE

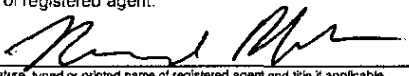
4. FEI Number 65-0792149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Richard P. Cole	FEI Number 6500024449438
Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVE - THIRD FLOOR	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **12/9/03**

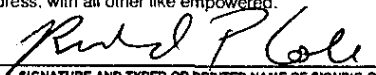
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - COLE, RICHARD P 1390 BRICKELL AVENUE - THIRD FLOOR MIAMI, FLORIDA 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - SCOTT, THOMAS E 1390 BRICKELL AVENUE - THIRD FLOOR MIAMI, FLORIDA 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - KISSANE, EUGENE P 1390 BRICKELL AVENUE - THIRD FLOOR MIAMI, FLORIDA 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DIRECTOR 10/27/03 (305) 350-5377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)