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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90321 015 ****88.75
02-22-2000 90008 038 ****61.25

DOCUMENT # P98000000088

1. Entity Name

NORMAN A. MOSCOWITZ, P.A.

Principal Place of Business	Mailing Address
~~FIRST UNION FINANCIAL CENTER FL 33131-2336~~	~~2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 S.E. SECOND STREET	100 S.E. SECOND STREET
Suite, Apt. #, etc. SUITE 3700	Suite, Apt. #, etc. SUITE 3700
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country	Zip 33131 Country

4. FEI Number 65-0807053 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MOSCOWITZ, NORMAN A~~ ~~200 SOUTH BISCAYNE BLVD.~~ ~~SUITE 2500~~ ~~MIAMI FL 33131-2336~~	Name: MOSCOWITZ, NORMAN A Street Address (P.O. Box Number is Not Acceptable): 100 S.E. SECOND STREET SUITE 3700 City: MIAMI FL Zip Code: 33131

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.

Norman A. Moscowitz 2/15/00

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

Norman A. Moscowitz, Registered Agent

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS / ST ZIP	D MOSCOWITZ, NORMAN A 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T MOSCOWITZ, NORMAN A 100 S.E. Second Street, Suite 3700 Miami, Florida 33131 ☒ Change ☐ Addition
ADDRESS / ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS / ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS / ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 Norman A. Moscowitz 2/15/00

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

Norman A. Moscowitz, Director