

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2002 8:00 am**  
**Secretary of State**

01-18-2002 90006 025 \*\*\*150.00

**DOCUMENT # P98000000088**

1. Entity Name  
**NORMAN A. MOSCOWITZ, P.A.**

Principal Place of Business

100 SE 2ND ST.  
STE 3700  
MIAMI FL 33131

Mailing Address

100 SE 2ND ST.  
STE 3700  
MIAMI FL 33131

2. Principal Place of Business

1111 BRICKELL AVE  
Suite, Apt. #, etc.  
STE 2050  
City & State  
MIAMI FL

3. Mailing Address

1111 BRICKELL AVE  
Suite, Apt. #, etc.  
STE 2050  
City & State  
MIAMI FL

000000



DO NOT WRITE IN THIS SPACE

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

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

MOSCOWITZ, NORMAN A  
100 SE SECOND ST  
STE 3700  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1111 BRICKELL AVE  
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 *Norman A. Moscowitz*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
1/10/02

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
MOSCOWITZ, NORMAN A  
100 SE SECOND ST.- STE 3700  
MIAMI FL 33131-2336 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Norman A. Moscowitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02

305-379-8300

CR2E034 (9/01)