

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008868

1. Entity Name

LAW OFFICES OF LISA R. GINSBURG, P.A.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90008 046 ***550.00

Principal Place of Business

8020 N.W. 7TH AVENUE
 MIAMI FL 33150

Mailing Address

8020 N.W. 7TH AVENUE
 MIAMI FL 33150

2. Principal Place of Business

7933 NW 7th Ave

3. Mailing Address

7933 NW 7 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0808962

Applied For

Not Applicable

Zip

331503298

Country

USA

Zip

331503298

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GINSBURG, LISA R
 8020 N.W. 7TH AVENUE
 MIAMI FL 33150

7. Name and Address of New Registered Agent

Name: Ginsburg, Lisa R.
 Street Address (P.O. Box Number is Not Acceptable): 7933 NW 7 Ave
 City: MIAMI FL Zip Code: 331503298

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: *Lisa Ginsburg*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	GINSBURG, LISA R	
STREET ADDRESS	8020 N.W. 7TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33150	
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	Ginsburg, Lisa R.	
STREET ADDRESS	7933 NW 7 Ave	
CITY-ST-ZIP	MIAMI FL 331503298	
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:

Lisa Ginsburg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/2000
 Date

305 757 7771
 Daytime Phone #

CR2E034 (5/00)