

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90060 016 \*\*\*150.00

**DOCUMENT # P99000046928**

1. Entity Name

**MICHAEL A. PFUNDSTEIN, P.A.**

Principal Place of Business

**1776 N PINE ISLAND ROAD  
 STE 208  
 PLANTATION FL 33322**

Mailing Address

**1776 N PINE ISLAND ROAD  
 STE 208  
 PLANTATION FL 33322**

2. Principal Place of Business

**1776 N Pine Island Rd**

3. Mailing Address

**1776 N Pine Island Rd**

Suite, Apt. #, etc.

**Ste 310**

Suite, Apt. #, etc.

**Ste 310**

City & State

**Plantation FL**

City & State

**Plantation FL**

Zip

**33322**

Country

**USA**

Zip

**33322**

Country

**USA**

4. FEI Number

**65-0925791**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PFUNDSTEIN, MICHAEL A ESQ.  
 1776 N PINE ISLAND RD STE 208  
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name **Pfundstein, Michael A ESQ**

Street Address (P.O. Box Number is Not Acceptable) **1776 N Pine Island Rd Ste 310**

City

**Plantation**

FL

Zip Code

**33322**

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

*Michael A. Pfundstein*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/14/02**

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 **D** ☐ Delete  
 NAME **PFUNDSTEIN, MICHAEL A**  
 STREET ADDRESS **17200 N.W. 64TH AVENUE, SUITE 310**  
 CITY-ST-ZIP **MIAMI FL 33015** **ADDRESS CHANGE**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1776 N. PINE ISLAND ROAD, SUITE 310**  
 CITY-ST-ZIP **PLANTATION FL 33322**

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

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

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

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

TITLE ☐ Change ☐ 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:

*Michael A. Pfundstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)