

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90215 046 ***150.00

DOCUMENT # P99000051761

1. Entity Name

WOLPERT & ASSOCIATES FINANCIAL SERVICES, INC.



Principal Place of Business
**9100 SOUTH DADELAND BLVD.
STE 1550
MIAMI FL 33156**

Mailing Address
**9100 SOUTH DADELAND BLVD.
STE 1550
MIAMI FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0926282**

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

**WOLPERT, ANTHONY H
9100 SOUTH DADELAND BLVD.
STE. 1550
MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	WOLPERT, ANTHONY H	9100 S DADELAND BLVD STE 1550	MIAMI FL 33156	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	RAMLER, RICHARD	9100 S DADELAND STE 1550	MIAMI FL 33156	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	KAPLAN, JEFFREY	9100 S DADELAND STE 1500	MIAMI FL 33156	<input type="checkbox"/>	S/T/D	KAPLAN, JEFFREY	9100 S. DADELAND BLVD STE 1550	MIAMI FLORIDA 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEFFREY D. KAPLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03
Date

305-670-1572
Daytime Phone #

CR2E034 (10/02)