

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 25 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P-99000091900
 1. Entity Name
BRADLEY L. MIRKIN, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1111 BRICKELL AVENUE</u> Suite, Apt. #, etc. <u>SUITE 2050</u> City & State <u>MIAMI FL</u> Zip <u>33131</u> Country <u>USA</u>		3. Mailing Address <u>1111 BRICKELL AVENUE</u> Suite, Apt. #, etc. <u>SUITE 2050</u> City & State <u>MIAMI FL</u> Zip <u>33131</u> Country <u>USA</u>	
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DO NOT WRITE IN THIS SPACE

4. FFL Number <u>650492817</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name BRADLEY L. MIRKIN
 Street Address (P.O. Box Number Is Not Acceptable)
MELLON FINANCIAL CENTER, SUITE 2050
1111 BRICKELL AVENUE
 City MIAMI FL Zip Code 33131

8. The above named entity admits 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] (BRADLEY L. MIRKIN) DATE 9-17-03

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

January 12-May 11 Fee is \$150.00
 After May 11 Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE	<u>P/S/D</u>
NAME	<u>BRADLEY L. MIRKIN</u>
STREET ADDRESS	<u>1111 BRICKELL AVE, SUITE 2050</u>
CITY-ST-ZIP	<u>MIAMI FL 33131</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STAMPE: 2344445
09/25/03-01190-013 \$150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 9-17-03 DAYTIME PHONE # 305-379-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

21 9/25

MOSCOWITZ
MOSCOWITZ &
MAGOLNICK, P.A.

Mellon Financial Center
1111 Brickell Avenue
Suite 2050
Miami, Florida 33131

Telephone (305) 379-8300
Facsimile (305) 379-4404

September 19, 2003

State of Florida
Department of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: **Bradley L. Mirkin, P.A.**

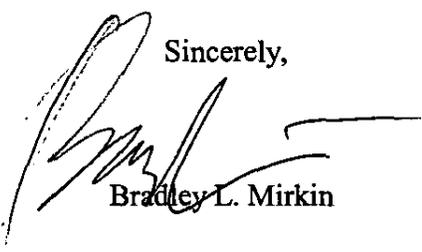
Dear Sir or Madam:

Pursuant to my discussion with your office, enclosed is the 2003-04 Uniform Business Report and a check in the amount of \$150.00. In 2003, I have not received any renewal notice, form or document number from the Division of Corporations which would enable me to file online for this year.

At the recommendation from your colleague at Customer Service, I am sending this to avoid having my P.A. dissolved. If you have any questions or if there is anything else I need to file or forward to you to avoid dissolution, then please notify me at your earliest convenience at 305-379-8300 or at the above address.

Thank you for your assistance in this matter.

Sincerely,



Bradley L. Mirkin

Enclosures