

# **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

**1111 BRICKELL AVENUE**

Suite, Apt. #, etc.

**SUITE 2050**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

3. Mailing Address

**1111 BRICKELL AVENUE**

Suite, Apt. #, etc.

**SUITE 2050**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FFL Number

**650492817**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**(BRADLEY L. MIRKIN)**

**9-17-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SPRING 2004 4444  
04/25/03-01/01/04 \$150.00**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-17-03 305-379-8300**

Date

Daytime Phone #

CR2E034B (12/02)

21 9/25

MOSCOWITZ  
MOSCOWITZ &  
MAGOLNICK, P.A.

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

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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