

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90359 013 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000104116**
 1. Entity Name
Paul J. Lane, Esq. Professional Association

658589

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2755 E. Oakland Pk. Blvd.
 Suite, Apt. #, etc.
300
 City & State
Ft. Lauderdale, FL.
 Zip
33306 Country
USA

3. Mailing Address
SAME
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

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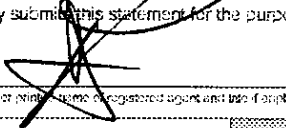
4. FEI Number
65-0971164 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Paul J. Lane**
 Street Address (P.O. Box Number is Not Acceptable)
2755 E. Oakland Pk Blvd. # 300
 City **Ft. Lauderdale** FL Zip Code **33306**

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  DATE **4/29/02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

January 1 - May 1, Fee is **\$150.00**
 After May 1, Fee is **\$500.00**
 Amended UBR is **\$61.25**
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D Paul J. Lane 2755 E. Oakland Pk. Blvd. # 300 Ft. Lauderdale, FL. 33306
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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 on an attachment with an address, with all other like empowerments.

SIGNATURE:  DATE **4/29/02** 954-586-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)