

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S00092**

1. Entity Name
ELEANOR Z. RABIN, P.A.

Principal Place of Business
**500 SE MIZNER BLVD
APT A-802
BOCA RATON FL 33432
US**

Mailing Address
**500 SE MIZNER BLVD
APT A-802
BOCA RATON FL 33432**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Zip** Country **Country**

6. Name and Address of Current Registered Agent

**E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE STE 330
SUITE 1225
BOCA RATON FL 33486**

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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** RABIN, ELEANOR Z.
NAME
STREET ADDRESS **500 SE MIZNER BLVD APT 802**
CITY-ST-ZIP **BOCA RATON FL 33432**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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TITLE
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CITY-ST-ZIP

Change Addition

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:

ELEANOR Z. RABIN 1/15/02 561-394-0166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0373532
AV

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90041 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)