

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90156 047 ***150.00

DOCUMENT # S14977

1. Entity Name
PEED, KOROSS, FINKELSTEIN & CRAIN, P.A.



Principal Place of Business
350 SE 2ND ST #500
FT LAUDERDALE FL 33301
US

Mailing Address
350 SE 2ND ST #500
FT LAUDERDALE FL 33301
US



2. Principal Place of Business
301 E. LAS OLAS BLVD
Suite, Apt. #, etc.
5TH FLOOR

3. Mailing Address
301 E. LAS OLAS BLVD
Suite, Apt. #, etc.
5TH FLOOR

☐ CHECK HERE IF MAKING CHANGES

City & State
FT LAUDERDALE
Zip
33301
Country
USA

City & State
FT. LAUDERDALE FL
Zip
33301
Country
USA

4. FEI Number
65-0227637

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FINKELSTEIN, RONALD D.
350 SE 2ND STREET
SUITE 500
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
RONALD D. FINKELSTEIN
Street Address (P.O. Box Number is Not Acceptable)
301 E. LAS OLAS BLVD
5TH FLOOR
City
FT LAUDERDALE **FL** Zip Code
33301

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 *Ronald D. Finkelstein*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
3/21/03

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CRAIN, MICHAEL A. 350 SE 2ND ST #500 FT. LAUDERDALE FL 33301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KOROSS, LEROY 350 SE 2ND ST #500 FT. LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FINKELSTEIN, RONALD 350 SE 2ND ST #500 FT. LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PEED, BILLY 350 SE 2ND ST #500 FORT LAUDERDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. LAS OLAS BLVD. 5TH FLOOR FORT LAUDERDALE FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. LAS OLAS BLVD. 5TH FLOOR FORT LAUDERDALE FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. LAS OLAS BLVD 5TH FLOOR FORT LAUDERDALE, FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 301 E. LAS OLAS BLVD 5TH FLOOR FORT LAUDERDALE FL 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 life empowered.

SIGNATURE: *Ronald D. Finkelstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03

Date

Daytime Phone #

CR2E034 (10/02)