FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 29, 2002 8:00 am Secretary of State S21808 DOCUMENT # 1. Entity Name 01-29-2002 90005 022 \*\*\*150.00 LARRY CORMAN, P.A. Principal Place of Business Mailing Address 1801 N MILITARY TRAIL 1801 N MILITARY TRAIL **STE 200** STE 200 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0236502 Not Applicable Zip Country Zip ♣ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HRAWG, CORP. Street Address (P.O. Box Number is Not Acceptable) 1801 N MILITARY TRAIL STE 200 **BOCA RATON FL 33431** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ■ Addition CORMAN, LARRY NAME NAME 1801 N MILITARY TRL STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition NAME CORMAN, LARRY NAME STREET ADDRESS 1801 N MILITARY TRL STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Melanie D. Kamburian Corporate Paralegal Direct Dial: 561.862.4182 mkamburi@hodgsonruss.com

AHachmen January 10, 2002

Florida Department of State **Division of Corporations UBR Filings** P.O. Box 6327 Tallahassee, Florida 32314

# 521808 / 810179

Dear Sir/Madame:

Re:

Larry Corman, P.A. (the "Corporation")

2002 Uniform Business Report

We serve as registered agent for the above referenced corporation. On behalf of the Corporation, enclosed herewith is the 2002 Uniform Business Report including our client's check in the amount of \$150.00 representing the annual fee.

Please review the enclosed and advise the undersigned of the status of the Corporation. Your consideration in this matter is greatly appreciated.

Should you have any questions regarding the above, please do not hesitate to call me directly.

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Melanie D. Kamburian Corporate Paralegal

mdk/ Enclosures

cc:

Larry Corman, Esq.

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