

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90382 022 ***150.00

DOCUMENT # S59611

1. Entity Name
JIM E. SOLOMON & ASSOCIATES, P.A.

Principal Place of Business
800 CYPRESS CREED ROAD
SUITE 200
FT LAUDERDALE FL 33334

Mailing Address
800 CYPRESS CREED ROAD
SUITE 200
FT LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0313989**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLOMON, JIM E.
800 CYPRESS CREEK ROAD
STE 200
FORT LAUDERDALE FL 33334

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, JIM E. 800 CYPRESS CREEK ROAD, STE 200 FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CRE034 (4/02)

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: SIGNATURE REQUIRED **7/25/2002** **954-771-1170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

Law Offices
Jim E. Solomon & Associates, P.A.

A Professional Association
Suite 200
800 East Cypress Creek Road
Fort Lauderdale, Florida 33334
Telephone (954) 771-1170
Telecopier (954) 771-1116

Jim E. Solomon

David Brown
Member New York Bar Only
Of Counsel

July 25, 2002

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

Re: ~~Annual Report~~ Jim E. Solomon & Associates, P.A.
Document # S59611

676079

To Whom It May Concern:

I am writing to you since we never received the 2002 Uniform Business Report for our above referenced Corporation. We just received the second and/or follow-up for the 2002 Uniform Business Report.

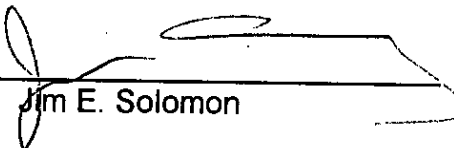
I am enclosing \$150.00, for our Corporation dues for the year 2002.

Thank you for your courtesies and cooperation.

Very truly yours,

JIM E. SOLOMON & ASSOCIATES, P.A.

By:


Jim E. Solomon

JES:bjh
Enclosures