

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S66823**

1. Entity Name

**BOWER EISEN FORSTER SPENCER, INC.****FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90313 021 \*\*\*150.00

Principal Place of Business

15050 NW 79TH CT  
STE 201  
MIAMI LAKES FL 33016  
US

Mailing Address

15050 NW 79TH CT  
STE 201  
MIAMI LAKES FL 33016  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0272401**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FINAN, MARY W.  
15050 NW 79TH CT  
STE 201  
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

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.

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, 2001 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 PC ☐ Delete  
NAME FORSTER, LOUIS L.  
STREET ADDRESS 15320 S.W. 77TH AVENUE  
CITY-ST-ZIP MIAMI FLTITLE VD ☐ Delete  
NAME SPENCER, GEOFFREY C.  
STREET ADDRESS 4901 PARK AVE  
CITY-ST-ZIP COCONUT GROVE FL 33133TITLE VD ☐ Delete  
NAME EISEN, JEFFREY L.  
STREET ADDRESS 1220 WILSHIRE CIR W  
CITY-ST-ZIP PEMBROKE PINES FL 33027TITLE VD ☐ Delete  
NAME BOWER, LYNN A.  
STREET ADDRESS 2137 CHAMPIONS WAY  
CITY-ST-ZIP NORTH LAUDERDALE FLTITLE ST ☐ Delete  
NAME FINAN, MARY W.  
STREET ADDRESS 8403 REDNOCK LANE  
CITY-ST-ZIP MIAMI LAKES FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3046 Orange Street  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vice Pres. 3/6/2001 305-821-9500

0098250

CR2E034 (10/00)