

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90043 041 \*\*\*150.00

**DOCUMENT # S76270**

1. Entity Name

**LAW OFFICES OF DEAN R. HALPER, P.A.**

Principal Place of Business

**15200 JOG RD**

**SUITE B-7**

**DELRAY BEACH FL 33446-1246**

**US**

Mailing Address

**15200 JOG RD**

**SUITE B-7**

**DELRAY BEACH FL 33446-1246**

**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7431 West Atlantic Ave**

Suite, Apt. #, etc.

**49**

City & State

**Delray Beach, FL**

Zip

**33446**

Country

**USA**

3. Mailing Address

**7431 West Atlantic Ave**

Suite, Apt. #, etc.

**49**

City & State

**Delray Beach, FL**

Zip

**33446**

Country

**USA**

4. FEI Number

**65-0283553**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Name and Address of Current Registered Agent

**HALPER, DEAN R.**

**15200 JOG RD**

**SUITE B-7**

**DELRAY BEACH FL 33446**

Name

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

**7431 West Atlantic Avenue**

**Suite 49**

City

**Delray Beach**

FL

Zip Code

**33446**

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

*Dean R. Halper*

**02/08/02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALPER, DEAN R.</b>	
STREET ADDRESS	<b>15200 JOG RD, B-7</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dean R. Halper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/08/02 5614985833**

Date

Daytime Phone #

CR2E034 (9/01)