

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90404 039 ***150.00

DOCUMENT # V06337

1. Entity Name
EHRlich & FREEDMAN, P.A.

Principal Place of Business

3300 UNIVERSITY DRIVE
~~SUITE 501~~ **527**
CORAL SPRINGS FL 33065
US

Mailing Address

3300 UNIVERSITY DRIVE
~~SUITE 501~~ **527**
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 527

Suite, Apt. #, etc.

Ste 527

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0308963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EHRlich, RICHARD
% EHRlich AND FREEDMAN, PA
3300 UNIVERSITY DRIVE, SUITE 501
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: **Ehrlich, Richard**
 Street Address (P.O. Box Number is Not Acceptable): **Ehrlich & Freedman, PA**
3300 University Dr. Ste 527
 City: **Coral Springs** FL Zip Code: **33065**

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] - Sec'y - Richard Ehrlich

2/6/02

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: **P** ☐ Delete
 NAME: **FREEDMAN, FOREST**
 STREET ADDRESS: **3300 UNIVERSITY DRIVE, SUITE 501**
 CITY-ST-ZIP: **CORAL SPRINGS FL**

TITLE: **S** ☐ Delete
 NAME: **EHRlich, RICHARD**
 STREET ADDRESS: **3300 UNIVERSITY DRIVE, SUITE 501**
 CITY-ST-ZIP: **CORAL SPRINGS FL**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ 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] - Richard Ehrlich, Sec'y **2/6/02** **954-755-0009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)