2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rechanged, or on an attach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jul 07, 2000 8:00 am Secretary of State **DOCUMENT # V08453** LAURENCE T. ADELMAN, P.A. 07-07-2000 90459 016 ***150.00 Principal Place of Business Mailing Address 8020 WILES ROAD 8020 WILES ROAD SUITE 11 SUITE 11 CORAL SPRINGS FL 33067-2072 CORAL SPRINGS FL 33067 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0331054 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADELMAN, LAURENCE T. Street Address (P.O. Box Number is Not Acceptable) 8020 WILES ROAD SUITE 11 CORAL SPRINGS FL 33067 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE ADELMAN, LAURENCE T. NAME NAME STREET ADDRESS STREET ADDRESS 8020 WILES ROAD, SUITE 11 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 that 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 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 13. I hereby certify that the information

Affachnent 0#1208463 0067818

LAW OFFICES OF

LAURENCE T. ADELMAN, P.A.

8020 WILES ROAD

SUITE 11

CORAL SPRINGS, FLORIDA 33067

(954) 341-2777 FAX (954) 341-1740

LAURENCE T. ADELMAN

June 28, 2000

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Laurence T. Adelman, P.A.

Dear Sir or Madam:

Pursuant to my secretary's request regarding how to handle the situation of a late payment, due to extenuating circumstances, I am enclosing \$150.00 with an explanation as to the reason why it is late.

If you will check my previous records concerning my incorporation in Florida since 1992, I have never been late and have always supplied the forms in an appropriate timely basis. I have to my knowledge filed all the forms in a timely manner.

Unfortunately my mother-in-law was extremely ill in the hospital at the time of the occurrence and my wife pays most of the bills in the office. She was so distraught over the condition of her mother and also had to devote all her attention to her mother that she missed the payment due date. I would greatly appreciate it since I am on partial disability and my income has suffered greatly, if you would consider this as a one-time excuse and accept the \$150.00 without the additional \$400.00 penalty. Thank you for your courtesy and cooperation in this regard. I look forward to hearing from you on this matter at your earliest possible convenience.

Thank you again for considering this matter.

Very truly yours,

LAURENCE T. ADELI

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