

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90544 019 ***150.00

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DOCUMENT # V25705

1. Entity Name
ZIEGLER & GINSBURG, P.A.



Principal Place of Business
**14722 SW 82ND CT
MIAMI FL 33158**

Mailing Address
**14722 SW 82ND CT
MIAMI FL 33158**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0318664**

Applied For
Not Applicable

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

**GINSBURG, EDWIN M.
14722SW 82ND CT.
MIAMI FL 33158**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **TSD**
STREET ADDRESS **GINSBURG, EDWIN M.**
CITY-ST-ZIP **41 JOLLY ROGER DRIVE**
KEY LARGO FL 33037

TITLE ☒ Change ☐ Addition
NAME **TSD**
STREET ADDRESS **GINSBURG, EDWIN M.**
CITY-ST-ZIP **14722 S.W. 82nd COURT**
MIAMI, FL 33158

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ZIEGLER, STUART H.**
CITY-ST-ZIP **350 S. COCONUT PALM BLVD.**
TAVERNER FL 33070

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **ZIEGLER, S. HARVEY**
CITY-ST-ZIP **41 JOLLY ROGER DRIVE**
KEY LARGO, FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Edwin M. Ginsburg** 4/18/03 (305) 238-6090
EDWIN M. GINSBURG, SECRETARY

CR2E034 (10/02)