

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90026 018 \*\*\*150.00

0337037 AV

**DOCUMENT # V30152**  
 1. Entity Name  
**PATIKIN AUDITING, INC.**

Principal Place of Business <b>318 INDIAN TRACE          SUITE 225          WESTON FL 33326          US</b>	Mailing Address <b>318 INDIAN TRACE          SUITE 225          WESTON FL 33326          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>318 INDIAN TRACE</b> Suite, Apt. #, etc. <b># 225</b>	3. Mailing Address <b>318 INDIAN TRACE</b> Suite, Apt. #, etc. <b># 225</b>
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City & State <b>WESTON FL</b>	City & State <b>WESTON, FL</b>
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4. FEI Number <b>65-0330363</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33326</b>	Country <b>USA</b>	Zip <b>33326</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MORRIS STUART R ESQ  
 2500 NORTH MILITARY TRAIL  
 STE 175  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent  
 Name **MORRIS, STUART R. ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7000 WEST PALMETTO PARK ROAD**  
**Suite 310**  
 City **BOCA RATON** FL Zip Code **33433**

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 STUART R. MORRIS ESQ. DATE 4-1-2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZALKIN, CARI 318 INDIAN TRACE #225 WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PATENOTTE, HANNAH E. 318 INDIAN TRACE #225 WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Hannah E. Patenotte **HANNAH E. PATENOTTE** 4/1/02 954.389.8193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)