

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-28-2002 91748 029 ***150.00

DOCUMENT # **V53199**

1. Entity Name

FISCHER & MINSKI, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

OAKWOOD BUSINESS CTR.

Suite, Apt. #, etc.

ONE OAKWOOD BLVD, STE. #250

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Address

OAKWOOD BUSINESS CTR.

Suite, Apt. #, etc.

ONE OAKWOOD BLVD, STE. #250

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

4. FEI Number

65-0378207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Rebecca H Fischer

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

One Oakwood Blvd. Suite 250

City

Hollywood

FL

Zip Code

33020

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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
**D
FISCHER, REBECCA H. ESQ.
OAKWOOD BUSINESS CENTER
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MINSKI, GEORGE A. ESQ.
OAKWOOD BUSINESS CENTER
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REBECCA H. FISCHER

5/16/02

(954) 927-4097

Date

Daytime Phone #

CR2E034B (12/01)