2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588147

1. Entity Name

WE TE

FILED Jan 13, 2003 8:00 am Secretary of State

CHARLE	ES B. PATI	RICK, P.A.			1 10 2005 1 1 1 2005	. 50101 002	.50.00
Principal Place of Business 1648 S. BAYSHORE DRIVE MIAMI FL 33133			Mailing Address 1648 S. BAYSHORE DRIVE MIAMI FL 33133				
2. Principal	I Place of Busin	ness	3. Mailing Address				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State			City & State		1 54-1853476 F		Applied For Not Applicable
Zip		Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 A	Additional
	6. Name	and Address of Current	t Registered Agent		7. Name and Address of New R		
PATRICK	CHADIES I	D	·	Name -	,		
PATRICK, CHARLES B. 1648 S. BAYSHORE DRIVE				Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
miami fl	L 33133						
				City	•	FL Zip Co	ode
8. The above	re named entity	submits this statement for	or the purpose of changing i	its registered office or regis	tered agent, or both, in the State of Flor	rida. Lam familiar witi	b ond annual
the obliga	ations of registe	ered agent.		.	and agon, or both, in the state of hol	nda. Falli fallillal Wil	n, and accept
SIGNATURE		r printed name of registered agent	and title if applicable (A)C	275-0		<u> </u>	
	. ,,	aginto de agoin				DATE	
	EILE MOMILI	FFF IC 6450.00		OTE: Registered Agent signature requi	red when reinstating)	DATE	
		FEE IS \$150.00 3 Fee will be \$550.00		JIE: Hegistered Agent signature requ			00 May Ro
Afte	er May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o		JIE: Hegistered Agent signature requ	9. Election Campaign Fine Trust Fund Contribution	ancing _ \$5.	.00 May Be ed to Fees
Afte	er May 1, 2003	3 Fee will be \$550.00 Florida Department o	f State		9. Election Campaign Fina Trust Fund Contribution	ancing \$5.	ed to Fees
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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 this tee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachapter with an address. The empowered.

SIGNATURE: