

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683237

1. Entity Name

JOHN H. TEST, P.A.

FILED

Jan 27, 2001 8:00 am  
Secretary of State

01-27-2001 90086 031 \*\*\*150.00

Principal Place of Business

9400 S DADELAND BLVD #300  
SUITE 300  
MIAMI FL 33156  
US

Mailing Address

9400 S DADELAND BLVD #300  
SUITE 300  
MIAMI FL 33156  
US

2. Principal Place of Business

8900 SW 117 Ave.  
Suite, Apt. #, etc.  
B-105

3. Mailing Address

8900 SW 117 Ave.  
Suite, Apt. #, etc.  
B-105

City & State

Miami, FL  
Zip 33186 Country USA

City & State

Miami, FL  
Zip 33186 Country USA

4. FEI Number 59-2021206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEST, JOHN H, PA  
9400 S DADELAND BLVD, STE 300  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Sandra L. Test  
Street Address (P.O. Box Number is Not Acceptable)  
8900 SW 117 Ave. B-105  
City Miami FL Zip Code 33186

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 Sandra L. Test Sandra L. Test Sandra L. Test 1/19/01  
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) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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	PST TEST, SANDRA L 14940 SW 164 TERR MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEST, SANDRA L 14940 SW 164 TERR MIAMI FL	<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
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

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: Sandra L. Test Sandra L. Test 1-19-2001 596-7579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)