2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F48560 **DOCUMENT #**

1. Entity Name



FILED Feb 26, 2003 8:00 am Secretary of State

VICTOR	RESCARPANTER AND ASS	OCIATES, P.A.		02-20-2003 90114 0	40 130.N	,,,	
Principal P 7875 S.W. \$217-219	lace of Business 40 ST.	Mailing Address					
MIAMI FL 3		MIAMI FL 33155 US					
		3. Mailing Address	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHECK HERE IF MAKING CHANGES		
City & State Zip Country		City & State		4. FEI Number 59-2129253		olied For Applicable	
	Country	Zip	Country		\$8.75 Addit	tional	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered	Agent		
ESCARP 7875 SW	ANTER, VICTOR		Name Street Addr	ess (P.O. Box Number is Not Acceptable) >			
S217-21	9		- Strong Strong	655 (F.O. BOX NUMBER IS NOT Acceptable)			
MIAMI FL 33155			City	FL	Zip Code		
8. The above the obligation	re named entity submits this statement to ations of registered agent.	or the purpose of changing its	s registered office or reg	pistered agent, or both, in the State of Florida. I am fi	l amiliar with, an	id accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating) DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution:	\$5.00 Added to	May Be	
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS (OLIVANIONS TO THE			
TITLE NAME	SD ESCARPANTER, VICTOR JR	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND		Addition	
STREET ADDRESS CITY-ST-ZIP	12520 S.W. 9TH ST MIAMI FL 33184		STREET ADDRESS CITY-ST-ZIP				
TITLE ,	PD ESCARPANTER, VICTOR	☐ Delete	TITLE NAME		☐ Change [Addition	
STREET ADDRESS CITY-ST-ZIP	8415 S.W. 107 AVE #320 MIAMI FL		STREET ADDRESS CITY-ST-ZIP				
TITLE Name	*	☐ Delete -	TITLE NAME		☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP	The stranger office.		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		Change [Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	- *		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME		Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	-			

SIGNATURE:

12. I hereby certify that the information supplied indicated on this report or supplemental reof the corporation or the receiver of trusted changed, or on an attachment with an additional control of the corporation or the receiver of trusted changed.

SIGNAT

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the 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 where the second that my name appears in Block 10 or Block 11 if