2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State
07-30-2003 90071 015 ***550.00

0153560 FP

DOCUMENT # P00000063661

1. Entity Name
CHRISTINE TAVARES MAZZEI, P.A.

Principal Place of Business	Mailing Address
8930 W SR 84 #317 DAVIE FL 33324	8930 W SR 84 #317 DAVIE FL 33324

2. Principal Place of Business	3. Mailing Address
318 Indian Trace	318 Indian Trace
Suite, Apt. #, etc. # 613	Suite, Apt. #, etc. # 613
City & State Weston, Florida	City & State Weston, Florida
Zip 33326 Country USA	Zip 33326 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1021309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAZZEI, CHRISTINE T 8930 W SR 84 #317 DAVIE FL 33324	Name Christine T Mazzei Street Address (P.O. Box Number is Not Acceptable) 318 Indian Trace #613 City Weston FL Zip Code 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Christine Tavares Mazzei

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAZZEI, CHRISTINE 8930 W SR 84 #317 DAVIE FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Mazzei, Christine 318 Indian Trace # 613 Weston, FL 33326 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signed] 7-18-03 (954) 384-6524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #