

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

5/5/

05-05-2003 91457 049 \*\*\*150.00

**DOCUMENT #** P02000032581 (L)

1. Entity Name  
REBECCA CAIRONE, P.A.



Principal Place of Business  
4625 BRAIRCLIFF LANE  
COCONUT CREEK FL 33066

Mailing Address  
4625 BRAIRCLIFF LANE  
COCONUT CREEK FL 33066

**55047627**



2. Principal Place of Business  
4624 Cedar Hill Road

3. Mailing Address  
4624 Cedar Hill Road

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Coconut Creek

City & State  
Coconut Creek

4. FEI Number  
101-1412823

Applied For  
Not Applicable

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

Zip 33066 Country Broward

Zip 33066 Country Broward

6. Name and Address of Current Registered Agent

CAIRONE, REBECCA  
4625 BRAIRCLIFF LANE  
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
4624 Cedar Hill Road

City  
Coconut Creek

State  
FL

Zip Code  
33066

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 *Rebecca Cairone*

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	D CAIRONE, REBECCA 4625 BRAIRCLIFF LANE COCONUT CREEK FL 33066 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4624 Cedar Hill Road Coconut Creek FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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:  empowered

SIGNATURE: *Rebecca Cairone* 4/24/03 954-971-3251

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