

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

0301799 AV

**DOCUMENT # P02000114033**

1. Entity Name  
**RICHARD KONDLA, P.A.**



04-25-2003 90254 005 \*\*\*150.00

Principal Place of Business  
**9555 SW 88TH STREET SUITE 201  
MIAMI FL 33176**

Mailing Address  
**9555 SW 88TH STREET SUITE 201  
MIAMI FL 33176**



2. Principal Place of Business  
**10511 North Kendall DR**

3. Mailing Address  
**10511 N. Kendall DR.**

Suite, Apt. #, etc.  
**S6-C-203**

Suite, Apt. #, etc.  
**Suite C-203**

City & State  
**Miami - FLA**

City & State  
**Miami, FLA.**

4. FEI Number  
**05-0557005**

Applied For  
☐ Not Applicable

Zip  
**33176**

Country  
**USA**

Zip  
**33176**

Country  
**USA**

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

**KONDLA, RICHARD  
9555 SW 88TH STREET SUITE 201  
MIAMI FL 33176**

Name  
**Richard Kondla**  
Street Address (P.O. Box Number is Not Acceptable)  
**10511 N. Kendall DR.  
Suite C-203**  
City  
**Miami** FL Zip Code  
**33176**

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 DATE **4/24/03**

**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  
KONDLA, RICHARD  
9555 SW 88TH STREET SUITE 201  
MIAMI FL 33176** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Director 4/24/03 (305) 270-0011**  
Daytime Phone #

CR2E034 (10/02)