

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0373697 AV

05-05-2003 91435 004 \*\*\*150.00

DOCUMENT # **P92000006159**

1. Entity Name  
**GABRIEL L. IMPERATO, P.A.**



Principal Place of Business  
~~500 E. BROWARD BLVD.~~  
~~STE 1130~~  
~~FORT LAUDERDALE FL 33394~~

Mailing Address  
~~500 E. BROWARD BLVD.~~  
~~STE 1130~~  
~~FORT LAUDERDALE FL 33394~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**ONE FINANCIAL PLAZA**  
Suite, Apt. #, etc.  
**Suite 2700**  
City & State  
**Ft. Lauderdale, FL**

3. Mailing Address  
**ONE FINANCIAL PLAZA**  
Suite, Apt. #, etc.  
**Suite 2700**  
City & State  
**Ft. Lauderdale, FL**

Zip  
**33394** Country

Zip  
**33394** Country

4. FEI Number **15-0374691**

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

**IMPERATO, GABRIEL L**  
~~500 E. BROWARD BLVD.~~ **ONE FINANCIAL PLAZA**  
~~STE 1130~~ **Suite 2700**  
**FORT LAUDERDALE FL 33394**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**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	<b>PSTD IMPERATO, GABRIEL L ESQ <del>500 E. BROWARD BLVD., SUITE 1130 FORT LAUDERDALE FL 33394</del></b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ONE FINANCIAL PLAZA, Suite 2700 Ft. Lauderdale, FL 33394</b>	<input checked="" 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
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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03**

Date Day/Time Phone #

CR2E034 (10/02)