

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

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90095 027 ***150.00

0039662
AV

DOCUMENT # P97000027878

1. Entity Name

HAROLD L. LEWIS, P.A.



Principal Place of Business

**2 SOUTH BISCAYNE BLVD., SUITE 2400
ONE BISCAYNE TOWER
MIAMI FL 33131**

Mailing Address

**2 SOUTH BISCAYNE BLVD., SUITE 2400
ONE BISCAYNE TOWER
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0748402

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

LEWIS, HAROLD L ESQ.

2 SOUTH BISCAYNE BLVD., SUITE 2400

ONE BISCAYNE TOWER

MIAMI FL 33131

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

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
LEWIS, HAROLD L ESQ.
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI FL 33131** ☐ 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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-03

305-399-2425

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 80137174
#P97000027878

Harold L. Lewis, P.A.
2 South Biscayne Boulevard
One Biscayne Tower
Suite 2400
Miami, Florida 33131

August 4, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

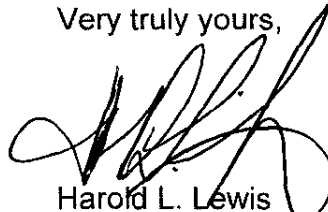
RE: Harold L. Lewis, P.A.

Dear Sir or Madam:

Enclosed is the 2003 UBR for Harold L. Lewis, P.A., together with the \$150.00 filing fee. Please note that I did not receive prior notice from the Division of Corporations and therefore ask the penalty fee be waived.

Thank you for anticipated assistance with this matter. Please call with any questions. I can be reached at 305-379-2425 extension 117.

Very truly yours,



Harold L. Lewis
As President

HLL/lav

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