

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90056 020 ***150.00

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DOCUMENT # P01000092324

1. Entity Name
BILLBROUGH & MARKS, P.A.

Principal Place of Business
2200 NORTH COMMERCE PARKWAY
SUITE 202
WESTON FL 33326-3258

Mailing Address
2200 NORTH COMMERCE PARKWAY
SUITE 202
WESTON FL 33326-3258



2. Principal Place of Business
2600 DOUGLAS ROAD
SUITE 902

3. Mailing Address
SALE
SUITE, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL.

City & State

4. FEI Number
65-1137701

Applied For
Not Applicable

Zip
33134

Country
USA

Zip

Country

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

WALDMAN FELUREN & TRIGOBOFF, P.A.
2200 NORTH COMMERCE PARKWAY
SUITE 202
WESTON FL 33326-3258

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/10/2002 **305/442-2201**
Date **Daytime Phone #**

CP2E034 (9/01)