

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90034 033 ***150.00

DOCUMENT # M13838

1. Entity Name
BARBARA C. MCCAULEY, P.A.

Principal Place of Business

**11533 S DIXIE HWY
 MIAMI FL 33156**

Mailing Address

**PO BOX 566272
 MIAMI FL 33256-6272**

2. Principal Place of Business

9415 SW 72 ST

3. Mailing Address

PO BOX 566272

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

DADE

Zip

33256-6272

Country

FL

4. FEI Number **59-2517976**

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

**MCCAULEY, BARBARA C.
 11533 S DIXIE HWY
 MIAMI FL 33156**

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 Barbara C. McCauley - President 1-11-02
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

TITLE **DP**
 NAME **MCCAULEY, BARBARA C.**
 STREET ADDRESS **11533 S DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL 33156**

☒ Delete

TITLE **BARBARA MCCAULEY**
 NAME **9415 SW 72 ST**
 STREET ADDRESS **STE 111, MIAMI, FL**
 CITY-ST-ZIP **33173**

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Barbara C. McCauley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 271-7612
 Date Daytime Phone #

CR2E034 (9/01)