

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91502 018 ***150.00

DOCUMENT # P00000067809

1. Entity Name

BALES & SOMMERS, P.A.

Principal Place of Business

Mailing Address

**601 BRICKELL KEY DRIVE
 702
 MIAMI FL 33131**

**601 BRICKELL KEY DRIVE
 MIAMI FL 33131**

2. Principal Place of Business

601 Brickell Key Drive

3. Mailing Address

601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 702

Suite, Apt. #, etc.
Suite 702

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number

65-1028822

Applied For

Not Applicable

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

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

BALES, RICHARD M JR.

~~441 VALENCIA AVE., #603~~ **601 Brickell Key Drive**
CORAL GABLES FL 33134 Suite 702
 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.

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

TITLE **D** ☐ Delete
 NAME **SOMMERS, MARA BETH**
 STREET ADDRESS **NINE ISLAND AVE., #1403**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **D** ☐ Delete
 NAME **BALES, RICHARD M JR.**
 STREET ADDRESS **441 VALENCIA AVE., #603**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **601 Brickell Key Drive Suite 702**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard M. Bales, Jr.

4/5/02

(305)446-1120

Date

Daytime Phone #

CR2E034 (9/01)