

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

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

05-01-2002 91560 033 \*\*\*150.00

DOCUMENT # P00000057120

1. Entity Name

MARA BETH SOMMERS, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Nine Island Avenue

Suite, Apt. #, etc.

#1403

3. Mailing Address

Nine Island Avenue

Suite, Apt. #, etc.

#1403

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1045498

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mara Beth Sommers

Street Address (P.O. Box Number is Not Acceptable)

Nine Island Avenue

#1403

City

Miami Beach

FL

Zip Code

33139

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
Mara Beth Sommers  
Nine Island Avenue #1403  
Miami Beach, FL 33139

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mara Beth Sommers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

305-372-1200

Daytime Phone #

CR2E034B (12/01)