

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

022812 AV

DOCUMENT # **M44214**

1. Entity Name
ADORNO & YOSS, P.A.



Principal Place of Business
**2601 S. BAYSHORE DRIVE SUITE 1600
MIAMI FL 33133**

Mailing Address
**2601 S. BAYSHORE DRIVE SUITE 1600
MIAMI FL 33133**

FILED

03 JAN 14 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2746043**

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

**YOSS, GEORGE T
2601 S. BAYSHORE DR., SUITE 1600
MIAMI FL 33133**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **DP** ☐ Delete
NAME **ADORNO, HENRY N.**
STREET ADDRESS **2601 S BAYSHORE DR. 1600**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**100011131571
01/28/03--01052--001 **150.00**

TITLE **AS** ☐ Delete
NAME **GUERRA, PHILIP**
STREET ADDRESS **2601 S BAYSHORE DR. 1600**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **VD** ☐ Delete
NAME **BLOOMBERG MITCHELL R.**
STREET ADDRESS **2601 S BAYSHORE DR. 1600**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **VD** ☒ Delete
NAME **ZEDER, JON W.**
STREET ADDRESS **2601 S BAYSHORE DR. 1600**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **MVST** ☐ Delete
NAME **YOSS, GEORGE T**
STREET ADDRESS **2601 S BAYSHORE DR. 1600**
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE **VP** ☐ Delete
NAME **VICTOR, GREGORY A**
STREET ADDRESS **2601 S BAYSHORE DR, SUITE 1600**
CITY-ST-ZIP **MIAMI FL 33133**

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

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** Henry N. Adorno, Vice President 1/15/03 (305) 860-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (10/02)