

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90187 037 ***150.00

DOCUMENT # P01000072678

1. Entity Name
ROBERT DE LA TORRE, P.A.



Principal Place of Business
**1365 DAYTONIA ROAD
MIAMI BEACH FL 33131**

Mailing Address
**1365 DAYTONIA ROAD
MIAMI BEACH FL 33131**



2. Principal Place of Business
**200 S 16th St
Suite, Apt. #, etc.
5**

3. Mailing Address
**PO Box 400
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
PALATKA FL
Zip
32177

City & State
PALATKA FL
Zip
32178

4. FEI Number
65-1128666

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DE LA TORRE, ROBERT
1365 DAYTONIA ROAD
MIAMI BEACH FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200 S 16th St #5
City **PALATKA** FL Zip Code **32177**

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  DATE **2/6/03**

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

TITLE **PSTD** ☐ Delete
NAME **DE LA TORRE, ROBERT**
STREET ADDRESS **1365 DAYTONIA ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **DE LA TORRE, ROBERT**
STREET ADDRESS **200 S 16th St. #5**
CITY-ST-ZIP **PALATKA FL 32177**

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

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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 an other like empowered.

SIGNATURE:

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

Pres. 2/6/03

Date Daytime Phone #

CR2E034 (10/02)