

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90039 043 ***150.00

DOCUMENT # 282285

1. Entity Name

NOTARY PUBLIC ASSOCIATION OF THE STATE OF FLORIDA, INC.

Principal Place of Business

**8401 NW 53RD TERRACE
 SUITE #111
 MIAMI FL 33166-4525**

Mailing Address

**8401 NW 53RD TERRACE
 SUITE #111
 MIAMI FL 33166-4525**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1058261

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

GOLD, JACK J.

**8401 NW 53RD TERR #111
 MIAMI FL 33166**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLD, JACK	
STREET ADDRESS	8401 NW 53RD TERR #111	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ARACELY	
STREET ADDRESS	8401 NW 53RD TERR #111	
CITY-ST-ZIP	MIAMI FL 33166-4525	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ALIXA	
STREET ADDRESS	8401 NW 53RD TERR #111	
CITY-ST-ZIP	MIAMI FL 33166-4525	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLD, JASON A	
STREET ADDRESS	8401 NW 53RD TERR #111	
CITY-ST-ZIP	MIAMI FL 33166-4525	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, SARI L	
STREET ADDRESS	8401 NW 53RD TERR #111	
CITY-ST-ZIP	MIAMI FL 33166-4525	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, EMILIO	
STREET ADDRESS	8401 NW 53RD TERR #111	
CITY-ST-ZIP	MIAMI FL 33166-4525	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)