

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90082 024 \*\*\*150.00

**DOCUMENT # 528129**

1. Entity Name  
**WILLIAM BYRD & SONS, INC.**

Principal Place of Business

**7342 SW 48TH ST  
 #103  
 MIAMI FL 33155  
 US**

Mailing Address

**PO BOX 557837  
 MIAMI FL 33255  
 US**



2. Principal Place of Business

**14720 SW 83 Place**  
 Suite, Apt. #, etc.

3. Mailing Address

**14720 SW 83 Place**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number **59-1728558**

Applied For

Not Applicable

Zip **33158**

Country

**Miami Dade**

Zip **33158**

Country

**Miami Dade**

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

**BYRD, ROBERT  
 5870 SW 46TH TERR  
 MIAMI FL 33155**

Name

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

**14720 SW 83 Place**

City

**Miami**

FL

Zip Code

**33158**

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 **C** ☐ Delete  
 NAME **BYRD, WILLIAM**  
 STREET ADDRESS **4844 SW 64TH AVENUE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33314**

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

TITLE **P** ☐ Delete  
 NAME **BYRD, ROBERT**  
 STREET ADDRESS **5870 SW 46TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **ST** ☐ Delete  
 NAME **BYRD, JAMES**  
 STREET ADDRESS **7342 SW 48TH ST #103**  
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

**(305) 971-7944**

CR2E034 (9/01)