

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90100 018 ***150.00

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DOCUMENT # 530624

1. Entity Name
PAUL G. FLETCHER, P.A.

Principal Place of Business

Mailing Address

BANK OF AMERICA
1500 S DIXIE HWY. SUITE 200
CORAL GABLES FL 33146

BANK OF AMERICA
1500 S DIXIE HWY. SUITE 200
CORAL GABLES FL 33146

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

BANK OF America Bldg
 Suite Apt. #, etc.
Suite 200

Bank of America Bldg
 Suite Apt. #, etc.
Suite 200

City & State
CORAL Gables, FL

City & State
CORAL Gables, FL

4. FEI Number
59-1729482

Applied For
 Not Applicable

Zip
33146

Country
USA

Zip
33146

Country
USA

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

FLETCHER, PAUL G.
1500 SOUTH DIXIE HIGHWAY
SUITE 200
CORAL GABLES FL 33146

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 _____ (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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
FLETCHER, PAUL G
1500 SOUTH DIXIE HIGHWAY, STE 200
CORAL GABLES FL 33146

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

1/16/2002

305-661-6125

Date

Daytime Phone #

CR2E034 (9/01)