## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

**6517 TAFT ST** 

## 536531 **DOCUMENT #**

1. Entity Name

6517 TAFT ST

JOHN A. AGOSTINELLI, P.A.

Principal Place of Business



**FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90133 042 \*\*\*150.00

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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Solution of Spi-1757296  Solution of S	SUITE 101 HOLLYWOOD F US	EL 33024			SUITE 101 HOLLYWOOD FL 33024 US								
City & State  Country  Country  Country  Sp. Country  Sp. Country  Sp. Country  Sp. Country  Sp. Country  Sp. Country  Name  AGOSTINELLI, JOHN A.  Street Address of New Registered Agent  City City City City City City City City		lace of Busin	ess	3. Maili						EI (181 BIB)I 840i	) <b>(1016)</b>    02021 012	) †   ;   <del> </del>	
Zip Country Zip Country 5. Certification of Status Desired   St. 75 Additional Feb Proc. Principle and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address   7. Na	Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Celtrollace of Seath Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  AGOSTNELLI, JOHN A. 6517 TAFT ST  SUITE 101 HOLLWOOD FL 33024  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florids. I surn familiar with and accept the obligation of registered agent.  SICNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  PO  AGOSTNELLI, JOHN A. SIRET ADDRESS  SIFET ADDRESS  SIF	City & Stat	e	i dinami ya aran ini ini ini ini ini ini ini ini ini i	City's	& State*	-	#14.22 412 <sup>11</sup>						
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AGOSTNELLI, JOHN A. 8517 TAFF ST SUITE 101 HOLLYWOOD FL 33024  City FL Zip Code  City FL Zip Code  6. 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  THE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ALORESS OTY-S1-2P  THE SI	6. Name and Address of Current Registered Agent							7. N	ame and Address of New F	Registered A	gent		
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SUITE 101 HOLLYWOOD FL 33024  8. The above name all enably submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the chigadistins of registered agent, or both, in the State of Florida. I am familiar with and accept the chigadistins of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00			A.		Street Addres			(P.O. Box Number is Not Acceptable)					
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B. 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 arm familiar with, and accept the cologations of registered agent.  SIGNATURE    Signature, type or present one of registered agent and the Floridable.   (NOTE Registered Agent signature required when electrons)   ONTE													
SIGNATURE    Signature preference of registered agent and like if applicable   ChOTE Registered Agent signature received when reactation)   DATE											<u> </u>		
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12. I horopy detrity that the information clindled with this filling does not duality for the exemption crated in Nection 11410/1 Ott. Florida Statutes, I littliner certity that the information 11.		partifu that th	e information supplied a	with this filing a	does not qualify for			ection 1	119 07(3)(i) Florida Statutee	I further cert	ify that the in	nformation	

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:** 

A. AGOSTINUI,

1-31-03

954-983-9191

Daytime Phone #