

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90025 040 ***150.00

DOCUMENT # 584502

1. Entity Name
RICHARD A. SPAHN & ASSOCIATES, P.A.

Principal Place of Business

1601 N.W. 101ST AVE

#208

**PEMBROKE PINES FL 33026-
 US**

Mailing Address

1601 N.W. 101ST AVE

#208

**PEMBROKE PINES FL 33026-
 US**

2. Principal Place of Business

6752 PINES BLVD

Suite, Apt. #, etc.

3. Mailing Address

6752 PINES BLVD.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL 33024

Zip

33024

Country

Broward

City & State

Pembroke Pines, FL 33024

Zip

33024

Country

Broward

4. FEI Number

59-1849202

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPAHN, RICHARD A.

1601 N.W. 101ST AVE

#208

PEMBROKE PINES FL 33026-

7. Name and Address of New Registered Agent

Name

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

6752 Pines Blvd

Pembroke Pines, FL 33024

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** ☐ Delete
 NAME **SPAHN, RICHARD A.**
 STREET ADDRESS **1061 N.W. 101ST AVE #208**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **ST** ☐ Delete
 NAME **SPAHN, RICHARD A.**
 STREET ADDRESS **1601 N.W. 101ST AVE #208**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6752 Pines Blvd'**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **6752 Pines Blvd**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954 430 7675

Daytime Phone #

CR2E034 (9/01)