

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90444 026 ***150.00

DOCUMENT # 584935

1. Entity Name

BARRY I. ROSS, CPA, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1001 BRICKELL BAY DR.

3. Mailing Address

1001 BRICKELL BAY DR.

Suite, Apt. #, etc.

9TH FLOOR

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

DO NOT WRITE IN THIS SPACE

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number

59-1851805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BARRY I. ROSS

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

1001 BRICKELL BAY DRIVE

9TH FLOOR

City

MIAMI

FL

Zip Code
33131

**DO NOT WRITE
IN THIS SPACE**

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] No change
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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT, T, D
BARRY I. ROSS
1001 BRICKELL BAY DR., 9TH FL.
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Date

Daytime Phone #