

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -9 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 593766

1. Entity Name

LAWRENCE JOHN MIANO, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1860 N.W. BOCA RATON BLVD P.O. Box 1437

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0471663

Applied For

Not Applicable

Zip

33432

Country

U.S.A.

Zip

33429

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LAWRENCE JOHN MIANO

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

1860 N.W. BOCA RATON BLVD

City BOCA RATON

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME LAWRENCE JOHN MIANO
STREET ADDRESS 1860 SPANISH RIVER RD
CITY-ST-ZIP BOCA RATON, FL 33432

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IN THIS SPACE

12. 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 10 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

Daytime Phone #

LAWRENCE JOHN MIANO

5/5/03 561-792-3819

7/6/2

CR2E034B (12/02)

Lawrence John Miano, P.A.

Attorney & Counsellor at Law

MAILING ADDRESS:
POST OFFICE BOX 1437
BOCA RATON, FL, 33429

1860 N.W. BOCA RATON BOULEVARD
BOCA RATON, FLORIDA 33432

(954) 463-3665

(561) 392-3819

PLEASE REPLY TO:

NEW YORK OFFICE:
80 WESTCHESTER SQUARE
BRONX, NEW YORK 10461
(718) 239-9200

Lawrence John Miano, P.A.
P.O. Box 1437
Boca Raton, Florida 33429



May 7, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Lawrence John Miano, P.A.
Document # 593766

Dear Sir or Madam:

Enclosed is the Uniform Business Report (UBR) for the above noted corporation. Please be advised that we did not receive the UBR. Also, enclosed is a check in the amount of \$155.00.

Thank you for your consideration with regard to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to be "LJM".

LAWRENCE JOHN MIANO, President

LJM:dm
Encls.