

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90062 008 ***150.00

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1. Entity Name

O'CONNOR, CHIMPOULIS, RESTANI, MARRERO & MCALLISTER, P.A.



Principal Place of Business

2801 PONCE DE LEON BLVD #900
P O BOX 14-9022
CORAL GABLES FL 33114

Mailing Address

2801 PONCE DE LEON BLVD #900
P O BOX 14-9022
CORAL GABLES FL 33114

2. Principal Place of Business

3. Mailing Address

595 NE 92 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Shores, FL

Zip

Country

Zip

33138

Country

USA

4. FEI Number

59-1265268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, KEVIN P

2801 PONCE DE LEON BLVD
9TH FLOOR
CORAL GABLES FL 33134

Name

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

595 NE 92 Street

City

Miami Shores

FL

Zip Code

33138

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	O'CONNOR, KEVIN P.	1520 NE 103RD ST	MIAMI SHORES FL 33138	<input type="checkbox"/>						
D	CHIMPOULIS, JAY P	4430 SW 107TH WAY	DAVIE FL 33328	<input checked="" type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Kevin P O'Connor Kevin P O'Connor 1/13/03 (305) 754-6212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)