

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90164 005 ***150.00

U246050 AV

DOCUMENT # 602009

1. Entity Name
ANGELO R. POU, P.A.

Principal Place of Business

7171 CORAL WAY
 STE #402
 MIAMI FL 33155
 US

Mailing Address

7171 CORAL WAY
 STE #402
 MIAMI FL 33155
 US



2. Principal Place of Business

6262 Bird Road(S.W. 40St.)

3. Mailing Address

6262 Bird Road(S.W. 40St.)

Suite, Apt. #, etc.

Suite 2-A

Suite, Apt. #, etc.

Suite 2-A

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-1297526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANGELO, R POU
 7171 CORAL WAY STE # 402
 MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
Angelo R. Pou
 Street Address (P.O. Box Number is Not Acceptable)
6262 Bird Road(S.W. 40 Street)
Miami Florida
 City **FL** Zip Code **33155**

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

Angelo R. Pou

4/18/02

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 **PSD** ☐ Delete
 NAME **POU, ANGELO R**
 STREET ADDRESS **7171 CORAL AY STE 402**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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 **PSD** ☒ Change ☐ Addition
 NAME **Pou, Angelo R.**
 STREET ADDRESS **6262 Bird Road(S.W. 40 St)**
 CITY-ST-ZIP **Miami, FL 33155**
 of address

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Angelo R. Pou

4/18/02

Date

Daytime Phone #

CR2E034 (9/01)