

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90036 036 ***150.00

DOCUMENT # 675992

1. Entity Name
JOSEPH Z. FLEMING, P.A.

Principal Place of Business

**25 S.E. SECOND AVE.
 SUITE 516
 MIAMI FL 33131
 US**

Mailing Address

**25 SE SECOND AVE
 SUITE 516
 MIAMI FL 33131
 US**

2. Principal Place of Business

**34 La Gorce Circle
 Suite, Apt. #, etc.**

3. Mailing Address

**34 La Gorce Circle
 Suite, Apt. #, etc.**

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

59-2010469

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLEMING, JOSEPH Z
 25 SE SECOND AVE
 SUITE 516 INGRAHAM BLVD
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Joseph Z Fleming**
 Street Address (P.O. Box Number is Not Acceptable)
34 La Gorce Circle
 City **Miami Beach** FL Zip Code **33141**

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 **PST** ☐ Delete
 NAME **FLEMING, JOSEPH Z**
 STREET ADDRESS **25 SE SECOND AVE #516**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **34 La Gorce Circle**
 CITY-ST-ZIP **Miami Beach, FL 33141**

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

TITLE ☐ Change ☐ Addition
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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

Daytime Phone #

3/11/02

305-861-2890

CR2E034 (9/01)