

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683024

1. Entity Name
WILSON SMITH, PROFESSIONAL ASSOCIATION



Principal Place of Business
200 SOUTH BISCAYNE BLVD
STE #4000
MIAMI FL 33131-2398
US

Mailing Address
200 SOUTH BISCAYNE BLVD
STE #4000
MIAMI FL 33131-2398
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2023360

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLOCK, JOSEPH P JR
200 S BISCAYNE BLVD
40TH FLOOR
MIAMI FL 33131

Name

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

City

FL

Zip Code

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
PO
SMITH, WILSON
200 S BISCAYNE BLVD
MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

305-577-7033

Daytime Phone #

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-09-2003 90139 028 ****61.25
01-31-2003 90369 041 ****88.75

90014510

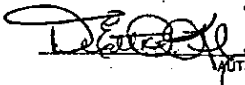


☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Attachment

90014510
683024

WILSON SMITH, P.A. 200 SOUTH BISCAYNE BOULEVARD MIAMI, FLORIDA 33131-2398		FIRST UNION NATIONAL BANK MIAMI, FLORIDA 63-643/670	60003821	5599
PAY TO THE ORDER OF		Florida Department Of State	1/7/2003	
Sixty-One and 25/100			\$ **61.25	DOLLARS
Florida Department Of State Florida Dept. of State P.O. Box 1500 Tallahassee, FL 32302-1500		 AUTHORIZED SIGNATURE		
MEMO PA				
⑈005599⑈ ⑆067006432⑆2689600854088⑈				

Security features. Details on back.