

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90556 039 ***150.00

DOCUMENT # 683305

1. Entity Name
JOSEPH BEELER, P.A.

Principal Place of Business
201 S BISCAYNE BLVD.
34TH FLOOR. MIAMI CENTER
MIAMI FL 33131-4325

Mailing Address
201 S BISCAYNE BLVD.
34TH FLOOR. MIAMI CENTER
MIAMI-FL 33131-4325

400000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 S. BISCAYNE BLVD
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 626
 Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

4. FEI Number
59-2031376

Applied For
 Not Applicable

Zip Country

Zip Country
33137-0626

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

BEELER, M G
4455 ISLAND ROAD
MIAMI FL 33137-3370

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEELER, JOSEPH 201 S BISCAYNE BLVD., 34TH FLOOR MIAMI FL 33131-4325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEELER, M G 4455 ISLAND ROAD MIAMI FL 33137-3370	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Cecelia F. Beeler, Sec. Treasurer Date: 4/23/02 Daytime Phone #: 305-576-3050

CR2E034 (9/01)