

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90160 047 ***150.00

0681817 FP

DOCUMENT # 683305

1. Entity Name
JOSEPH BEELER, P.A.



Principal Place of Business
**201 S BISCAYNE BLVD.
MIAMI FL 33131-4325**

Mailing Address
**P.O. BOX 626
MIAMI FL 33137-0626**



2. Principal Place of Business
Suite, Apt. #, etc.
*** BISCAYNE (typo)**

3. Mailing Address
Suite, Apt. #, etc.

City & State
BISCAYNE

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-2031376**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (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	PD BEELER, JOSEPH 201 S BISCAYNE BLVD., 34TH FLOOR MIAMI FL 33131-4325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEELER, M G 4455 ISLAND ROAD MIAMI FL 33137-3370 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mary Lou Beeler **04/14/03 305-576-9350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)