

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90102 038 ***150.00

DOCUMENT # F13368

1. Entity Name
SARINO R. COSTANZO, PROFESSIONAL ASSOCIATION



Principal Place of Business **Mailing Address**
225 SW 3RD AVE 12515 NKendallDr 225 SW 3RD AVE 12515NKendallDr
Suite 324 Suite 324
MIAMI FL 33186 MIAMI FL 33186
US US



2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0037886** **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

COSTANZO, SARINO R
2250 SW 3RD AVE.
100
MIAMI FL 33129

Name
COSTANZO, SARINO R.
Street Address (R.O. Box Number is Not Acceptable)
12515 N Kendall Dr
Suite 324
City Miami FL Zip Code 33186

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTANZO, SARINO R		NAME	COSTANZO, SARINO R.	
STREET ADDRESS	2250 SW 3RD AVE #100		STREET ADDRESS	12515 N Kendall Drive Suite 324	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	Miami FL 33186	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANZO, SARINO R		NAME	COSTANZO, SARINO R.	
STREET ADDRESS	2250 SW 3RD AVE #100		STREET ADDRESS	12515 N Kendall Drive Suite 324	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **President** **March 26, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)