

# 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

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**DOCUMENT # F13368**  
1. Entity Name  
**SARINO R. COSTANZO, PROFESSIONAL ASSOCIATION**



Principal Place of Business Mailing Address  
~~225 SW 3RD AVE~~ 12515 N Kendall Dr ~~225 SW 3RD AVE~~ 12515 N Kendall Dr  
~~100 Suite 324~~ 100 Suite 324  
MIAMI FL ~~33129~~ 33186 MIAMI FL ~~33129~~ 33186  
US US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0037886</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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

**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	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			
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: *SARINO R. COSTANZO* President Date March 26, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)