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

## F24309 **DOCUMENT #**

1. Entity Name

MARGARET R. CARTER, P.A.



## **FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90117 025 \*\*\*150.00

Principal Plac 1121 CRANDO KEY BISCAYNI	ce of Business ON BLVD <del>1-705</del> <b>D408</b> E FL 33149	Mailing Address 1121 CRANDON BLVD <del>D 208</del> <b>D 408</b> KEY BISCAYNE FL 33149 US				90003326				
1121 C	Place of Business RAMDON BlvD	3. Mailing Addre				I 1881188 AIRA AIRAN BEBUR TANA BERNE YORA	<b>Bib</b> it <b>Bib</b> ii <b>Bib</b> ii	IIIII IN		
Suite, Apt.	#, etc <b></b>	Suite, Apt. #, 6	etc.		$\mathbb{I}_{-}$	☐ CHECK HERE IF MA	AKING CHAN	NGES_		
City & State	SISCAYME, FL	City & State			4.	FEI Number 59-2076388			plied For Applicable	
<sup>zb</sup> 331	49 USA -	Zip	_ ,Coı	ountry		·Certificate of Status Desired	Fee Re	5 Addir equired		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current F	legistered Agent		hlama	7.	Name and Address of New Regist	ered Agent			
MONDSCH	IIFN RIII			Name						
	87TH COURT			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL						81 - 17 P - 18 - 18 - 18				
				City			<b>—</b> • 7ir	Code		
·										
the above	named entity submits this statement for lions of registered agent.	the purpose or cha	anging its registe	ered office or registe	ered ag	gent, or both, in the State of Florida.	I am familiar	with, a	.nd accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	Service of the service	" POTE: Floring							
		id title it applicable.	(NOTE: Hegiste	ered Agent signature require	red when re	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				•		Election Campaign Financir     Trust Fund Contribution.	· - ·		May Be to Fees	
10.	OFFICERS AND D	2	11	1.	AE	L DDITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS	IN 11	
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receby 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: 4