

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90117 025 \*\*\*150.00

**DOCUMENT # F24309**



1. Entity Name  
**MARGARET R. CARTER, P.A.**

Principal Place of Business  
**1121 CRANDON BLVD ~~F-705~~ D408**  
**KEY BISCAYNE FL 33149**

Mailing Address  
**1121 CRANDON BLVD ~~D-208~~ D408**  
**KEY BISCAYNE FL 33149**  
**US**

**90003326**



2. Principal Place of Business  
**1121 Crandon Blvd**

3. Mailing Address  
**same**

Suite, Apt. #, etc.  
**D408**

Suite, Apt. #, etc.  
**same**

CHECK HERE IF MAKING CHANGES

City & State  
**Key Biscayne, FL**

City & State

4. FEI Number **59-2076388**

Applied For  
Not Applicable

Zip  
**33149**

Country  
**USA**

Zip

Country

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

**MONDSCHIEN, BILL**  
**9000 SW 87TH COURT**  
**MIAMI FL**

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	<b>P CARTER, MARGARET 1121 CRANDON BLVD <del>D-208</del> 408 KEY BISCAYNE FL</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Margaret R. Carter, P.A. **1/14/03 305-361-1661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MEMORANDUM  
FILED  
CR20034 (10/02)