

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90322 005 \*\*\*550.00

0094936 AV

**DOCUMENT # F24561**

1. Entity Name  
**ELLEN MITCHELL, P.A.**



Principal Place of Business  
**1500 SAN REMO  
#110  
CORAL GABLES FL 33146**

Mailing Address  
**1500 SAN REMO  
#110  
CORAL GABLES FL 33146  
US**



2. Principal Place of Business  
**12515 SW 88 ST**

3. Mailing Address  
**MIAMI**

Suite/Apt./#Fetc  
**100**

Suite/Apt./#etc

☐ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI**

City & State  
**MI**

4. FEI Number **59-2094427**

Applied For  
Not Applicable

Zip  
**33186**

Country  
**USA**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**MITCHELL, ELLEN  
1500 SAN REMO AVE #110  
CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**12515 SW 88 ST #100**

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 \$550.00**

**After September 10, 2003, Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution: ☒

**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MITCHELL, ELLEN 10440 SW 123RD CT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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:** *Ellen Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/5/03**  
Date

**305-596-1134**  
Daytime Phone #

CR2E034 (4/03)