2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90047 020 ***150.00

DOCUMENT # F35922

1. Entity Name
MICHAEL A. NUZZO, P.A.

Principal Place of Business	Mailing Address
2100 S.W. 22ND ST.. SUITE 504 MIAMI FL 33145	2100 S.W. 22ND ST.. SUITE 504 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5900 SW 73 Street		5900 SW 73 Street	
Suite, Apt. #, etc.: #205		Suite, Apt. #, etc.: #205	
City & State: South Miami, Florida		City & State: South Miami, Florida	
Zip: 33143	Country: Miami-Dade	Zip: 33143	Country: Miami-Dade

4. FEI Number 59-2138999 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUZZO, MICHAEL A
2100 S.W. 22ND ST., SUITE 504
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name: Michael A. Nuzzo
Street Address (P.O. Box Number is Not Acceptable): 5900 SW 73 Street
Suite 205
City: South Miami FL Zip Code: 33143.

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.

SIGNATURE X [signature] 1-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NUZZO, MICHAEL A 7425 S.W. 102TH STREET MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED [signature] 1-24-02 (305) 666-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

AV 628820