

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91763 045 ***150.00

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DOCUMENT # F48206

1. Entity Name
YAEGER & YAEGER, CPA'S, P.A.



Principal Place of Business
**11420 N.KENDALL DR..STE.106
MIAMI FL 33176**

Mailing Address
~~PO BOX 832437~~
~~MIAMI FL 33299~~

2. Principal Place of Business

3. Mailing Address
11420 N. KENDALL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
106

City & State

City & State
MIAMI FL.

Zip

Country

Zip **33176** Country **DA06**

4. FEI Number **59-2140781**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**YAEGER, BARBARA J
11420 N. KENDALL DR.
SUITE 106
MIAMI FL 33176**

7. Name and Address of New Registered Agent

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

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD YAEGER, MARK L. PO BOX 832437 MIAMI FL 33283 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD YAEGER, BARBARA J. PO BOX 832437 MIAMI FL 33283 | <input type="checkbox"/> Delete |
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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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARK YAEGER, PRESIDENT 5/1/03 (3-5) 2746**
DATE _____ DAYTIME PHONE # _____

CR2E034 (10/02)