

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91206 001 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *F89816*

1. Entity Name

PATCHEN, CANNERS BRODY, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12340 NE 6th Ct.

3. Mailing Address

12340 NE 6th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B0124500

DO NOT WRITE IN THIS SPACE

City & State

N. Miami, FL

City & State

N. Miami, FL

4. FEI Number

59-2198330

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Canner, Wayne

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

12340 NE 6th Ct.

City

North Miami

FL

Zip Code

33161

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD Canner Wayne 12340 NE 6th Ct. N. Miami, FL</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>UST Brody, Andrew 12340 NE 6th Ct. N. Miami, FL</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/29/02

DAYTIME PHONE #

305 893-1356

CR2E034B (12/01)