

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90063 036 ***550.00

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DOCUMENT # G00227

1. Entity Name
DAVID L. SWIMMER, P. A.



Principal Place of Business

8525 SW 92ND ST.
SUITE B-4
MIAMI FL 33156

Mailing Address

8525 SW 92ND ST.
SUITE B-4
MIAMI FL 33156

2. Principal Place of Business

7990 S.W. 117th Avenue

Suite, Apt. #, etc.
100

City & State
Miami, FL

Zip
33183

Country
USA

3. Mailing Address

7990 S.W. 117th Avenue

Suite, Apt. #, etc.
100

City & State
Miami, FL

Zip
33183

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2218051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWIMMER, DAVID L
8525 SW 92 ST
STE. B-4
MIAMI-FL 33156

7. Name and Address of New Registered Agent

Name
David L. Swimmer
Street Address (P.O. Box Number is Not Acceptable)
7990 S.W. 117th Avenue
Suite 100
Miami FL 33183

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 the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/03

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWIMMER, DAVID L
8525 SW 92 ST., B-4
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
David L. Swimmer
7990 S.W. 117th Ave, Suite 100
Miami, FL 33186 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 supplementary 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David L. Swimmer

7/29/03

CR2E034 (4/03)