

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90088 019 ***150.00

DOCUMENT # G28117

1. Entity Name
HOPE FULLER, P.A.

Principal Place of Business
% LAWRENCE A. FULLER
1111 LINCOLN ROAD, SUITE 802
MIAMI BEACH FL 33139

Mailing Address
% LAWRENCE A. FULLER
1111 LINCOLN ROAD, SUITE 802
MIAMI BEACH FL 33139

00136132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2262565**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, LAWRENCE A.
1111 LINCOLN ROAD, SUITE 802
MIAMI BEACH FL 33139

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
FULLER, HOPE
925 NORTH SHORE DRIVE
MIAMI BCH, FL 00000

☐ Delete

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

TITLE
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STREET ADDRESS
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☐ 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)(j), 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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/02
Date

305 7933761
Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # G28117

HOPE FULLER P. A.

Re: Hope Fuller
FEI # 59-2262565
Document # G28117

8 / 31 / 02

To: Dept. of State Division of Corp.

Please be advised that I did not receive any prior notice that the 2002 Uniform Business Report and filing fees were due. Had I received the prior notice, I would have completed the form and mailed it on a timely basis. Please waive the late fee. Enclosed is the completed 2002 UBR and the \$150 filing fee.

Thank you,



Hope Fuller

President of Hope Fuller P. A.