

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 030 ***150.00

DOCUMENT # **G 65087**

1. Entity Name
JAMES CURRAN, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
633 S.E. 3rd Avenue

Suite, ~~XXXXXX~~
201

City & State
Fort Lauderdale, Florida

Zip Country
33301 U.S.A.

3. Mailing Address
633 S.E. 3rd Avenue

Suite, ~~XXXXXX~~
201

City & State
Fort Lauderdale, Florida

Zip Country
33301 U.S.A.

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4. FEI Number
59-2351693

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James Curran

Street Address (P.O. Box Number is Not Acceptable)
633-Southeast 3rd Avenue

Suite 201

City Zip Code
Fort Lauderdale, FL 33301

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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: **President/Director**
NAME: **James Curran**
STREET ADDRESS: **633 S.E. 3rd Ave., Suite 201**
CITY-ST-ZIP: **Fort Lauderdale, Fl. 33301**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **James Curran** **James Curran, President/Director** **3/25/03** **(954)523-3845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)