2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H57453

1. Entity Name

M. DANIEL HUGHES, P.A.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90150 047 ***150.00

1.06.00	AND THE RESERVE OF THE PARTY OF	rate de la Corre do se				
Principal Plac 3000 N FEDE	ce of Business space	Mailing Address 3000 N FEDERAL HWY			ETAL SERVICE	
SUITE 200. BLDG TWO FT LAUDERDALE FL 33306		Suite 200. Bldg two Ft lauderdale fl 33306				
r i LAUDENDA	ALE FL 30000	FI DAUDERDACE PL 33	300			
2. Principal Place of Business		3. Mailing Address		1 186191 8182 8274 2681 8188 81169 211	: [10] 0 \$ 0 \$ 0 0	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF M	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2532722	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 Regis	ered Agent	
HUGHES, M. DANIEL			Name	Name		
3000 N FEDERAL HWY			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 200, BLDG TWO						
FORT LAUDERDALE FL 33306			City	City FL Zip Code		
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing i	ts registered office or reg	sistered agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	DTE: Registered Agent signature re	equired when reinstating)	DATE	
F	ILE NOW!!! FEE IS \$150.00		- Company of the Comp			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financia Trust Fund Contribution.	ng \$5.00 May Be Added to Fees	
10.	OFFICERS AND		11,	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	HUGHES, M. DANIEL		NAME			
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iz. I nereby c	erury that the information supplied with	mis tiling does not qualify for	or the exemption stated in	n Section 119 07(3)(i). Florida Statutos, Lifurth	ar cortify that the information	

2. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da

Daytime Phone #

R2F034 (10/