

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88741

1. Entity Name
THOMAS & CALZADILLA, P.A.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90291 043 ***158.75

0218512 AV

Principal Place of Business
~~501 BRICKELL KEY DR.~~
~~SUITE 502~~
MIAMI FL 33131

Mailing Address
~~501 BRICKELL KEY DR.~~
~~SUITE 502~~
MIAMI FL 33131

2. Principal Place of Business
2401 NW 7th ST.
Suite, Apt. #, etc.

3. Mailing Address
2401 NW 7th ST.
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33125
Country

City & State
MIAMI FL
Zip
33125
Country

4. FEI Number 59-2843216

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, PETER
~~501 BRICKELL KEY DR.~~ 2401 NW 7th ST.
~~SUITE 502~~
MIAMI FL 33131 MIAMI FL 33125

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 P ☐ Delete
NAME THOMAS, PETER
STREET ADDRESS 501 BRICKELL KEY DR.
CITY-ST-ZIP MIAMI FL 33125

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2401 NW 7th ST
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 305 642-2221
Date Daytime Phone #

CR2E034 (10/02)