

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90378 034 \*\*\*150.00

**DOCUMENT # K10287**

1. Entity Name  
**LAW OFFICES OF JOSEPH HENRY FERNANDEZ, P.A.**



Principal Place of Business  
**2 NE 40TH ST**  
**403**  
**MIAMI FL 33137**  
**US**

Mailing Address  
**2 NE 40TH ST**  
**403**  
**MIAMI FL 33137**  
**US**



2. Principal Place of Business  
**8353 SW 5th St**  
Suite, Apt. #, etc.

3. Mailing Address  
**8353 SW 5th St**  
Suite, Apt. #, etc.

City & State  
**Miami, FL**  
Zip  
**33144** Country  
**USA**

City & State  
**Miami, FL**  
Zip  
**33144** Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0025260** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LAW OFCS. OF FERNANDEZ, JOSEPH H.**  
**2 NE 40TH ST**  
**STE 403**  
**MIAMI FL 33137**

7. Name and Address of New Registered Agent  
Name **SAM E**  
Street Address (P.O. Box Number is Not Acceptable)  
**8353 SW 5th Street**  
City **Miami** FL Zip Code **33144**

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 (NOTE: Registered Agent signature required when reinstating) DATE **4-25-03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P FERNANDEZ, JOSEPH HENRY 8353 S.W. 5TH STREET MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4-25-03** Daytime Phone # **305 670-9818**

CR2E034 (10/02)