

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90058 026 ***150.00

DOCUMENT # K85790

1. Entity Name

MICHAEL J. STYLES, P.A.

Principal Place of Business

**888 S ANDREWS AVE
STE 301
FT LAUDERDALE FL 33316
US**

Mailing Address

**888 S ANDREWS AVE
STE 301
FT LAUDERDALE FL 33316
US**

2. Principal Place of Business

507 SE 11th

3. Mailing Address

507 SE 11th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

Ft. Lauderdale, Fla.

City, State

Ft. Lauderdale, Fla.

Zip

33316

Country

Zip

33316

Country

4. FEI Number

65-0119956

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STYLES, MICHAEL J., ESQ.
888 SOUTH ANDREWS AVE
STE 301
FT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

**Michael J. Styles
507 SE 11th
Ft. Lauderdale FL 33316**

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.

SIGNATURE

[Signature]

3-5-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **STYLES, MICHAEL J.**
STREET ADDRESS **888 S ANDREWS AVE STE 301**
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02 984-524-9777
Date Daytime Phone #

CR2E034 (9/01)