

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90944 016 ***150.00

0221415 AV

DOCUMENT # L03426

1. Entity Name
MAURICE GELINA AND ASSOCIATES, INC.



Principal Place of Business

**848 BRICKELL AVENUE
SUITE 210
MIAMI FL 33131
US**

Mailing Address

**848 BRICKELL AVENUE
SUITE 210
MIAMI FL 33131
US**

2. Principal Place of Business

4040 NE 2nd Avenue

Suite, Apt. #, etc.

Suite 305

City & State

Miami Florida

Zip

33137

Country

USA

3. Mailing Address

4040 NE 2nd Avenue

Suite, Apt. #, etc.

Suite 305

City & State

Miami, Florida

Zip

33137

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0135499**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICE, ARTHUR HALSEY
1350 NW 18TH AVENUE
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

Jane W. McMillan

Street Address (P.O. Box Number is Not Acceptable)

c/o Stokes McMillan & Maracini P.A.

2 S. Biscayne Blvd., Suite 3750

City

Miami

FL

Zip Code
33131

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 *Jane W. McMillan* 02/20/2003

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 **PD** ☐ Delete
NAME **SCHWINGER, ROBERT M**
STREET ADDRESS **630 CARDINAL STREET**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** ☐ Delete
NAME **COLSON, EUGENE**
STREET ADDRESS **1174 N.E. 105 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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, which all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03

Date

305-373-4441

Daytime Phone #

CR2E034 (10/02)