

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90471 049 \*\*\*158.75

**DOCUMENT # L17871**

1. Entity Name  
**FULVIA A. MORRIS, P.A.**



Principal Place of Business  
**3211 PONCE DE LEON BLVD.  
STE. 210  
CORAL GABLES FL 33134-7274  
US**

Mailing Address  
**3211 PONCE DE LEON BLVD.  
STE. 210  
CORAL GABLES FL 33134-7274  
US**

2. Principal Place of Business  
**3211 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
Suite 201**

3. Mailing Address  
**3211 Ponce de Leon Blvd.  
Suite, Apt. #, etc.  
Suite 201**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

Zip Country  
**33134-7274 USA**

Zip Country  
**33134-7274 USA**

4. FEI Number **65-0151332**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**MORRIS, FULVIA A  
3211 PONCE DE LEON BLVD.  
STE. 210  
CORAL GABLES FL 33134-7274**

**7. Name and Address of New Registered Agent**

Name  
**Morris, Fulvia A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3211 Ponce de Leon Blvd.  
Suite 201  
City Coral Gables, FL Zip Code FL 33134-7274**

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 *Fulvia A. Morris* **Fulvia A. Morris, Registered Agent** **03/01/03**  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	MORRIS, FULVIA A	3211 PONCE DE LEON BLVD., STE. 210	CORAL GABLES FL 33134-7274	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DPS	Morris, Fulvia A.	3211 Ponce de Leon Blvd., Suite 201	Coral Gables, FL 33134-7274	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:** *Fulvia A. Morris* **Fulvia A. Morris, President** **03/01/03** **305-441-2215**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)