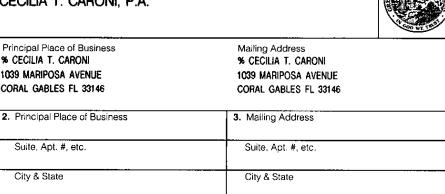
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## L19671 **DOCUMENT #**

1. Entity Name

CECILIA T. CARONI, P.A.



## **FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90062 027 \*\*\*150.00

% CECILIA T. CARONI 1039 MARIPOSA AVENUE CORAL GABLES FL 33146  2. Principal Place of Business		1039 MARIPOSÀ AVE CORAL GABLES FL	% CECILIA T. CARONI 1039 MARIPOSA AVENUE CORAL GABLES FL 33146							
Suite, Apt. #, etc		Suite, Apt. #, etc.					MAKING	CHANGE	0	
						CHECK HERE IF	MAKING			
City & State		City & State	City & State			Number 65-0149479			Applied For Not Applicable	
Zip Country		Zip	Country	Country					\$8.75 Additional Fee Required	
6.	Name and Address of Cur	rent Registered Agent			7. Nan	ne and Address of New Reg	istered Ac	ent 💮	<b>-</b> -	
CARCAN CECHIA T				Name						
CARONI, CECIL 1039 MARIPOS			Street Address		(P.O. Box Number is Not Acceptable)					
CORAL'GABLES	S FL 33146									
, <b>,</b>				City			FL	Zip Cod	de	
the obligations of	ed entity submits this statement of registered agent.	ent for the purpose of changir	ng its registered	office or regist	tered agent	or both, in the State of Floric	la. I am fai	miliar with	, and accept	
SIGNATURE Signati	are, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered A	Agent signature requi	red when reinsta	ling)	DATE			
FILE I	NOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550 able to Florida Departme	0.00				Election Campaign Finan     Trust Fund Contribution.	icing		00 May Be ed to Fees	
10.	OFFICERS /	AND DIRECTORS	11.		ADDIT	IONS/CHANGES TO OFFICE	ERS AND D	DIRECTOR	RS IN 11	
STREET ADDRESS 1039	ONI, CECILIA T. MARIPOSA AVE IAL GABLES FL	Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en gragge. Grande a	- · Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			(	□ Change	☐ Addition	
TITLE IAME STREET ADDRESS DITY-ST-ZIP		Delete	TITLE NAME STREET CITY-SI	ADDRESS I-ZIP				Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET. CITY-SI	ADDRESS 1-ZIP				Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS F-ZIP				Change	Addition !	
indicated on thi	streport or supplemental rep	with this filing does not quali ort is true and accurate and the empowered to execute this re ess, with all other like empowers	hat my signatur	e shall have the	e same lega	l effect as if made under oath	n: that I am	i an officer	r or director - L	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR