FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90276 007 ***150.00

656844

DOCUMENT # L52019

1. Entity Name
ANNEMARIE H. BLOCK, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9300 South Dadeland Blvd.	9300 South Dadeland Blvd.
Suite, Apt. #, etc.: Suite 308	Suite, Apt. #, etc.: Suite 308
City & State: Miami, FL	City & State: Miami, FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0167150 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Annemarie H. Block

Street Address (P.O. Box Number is Not Acceptable): 9300 South Dadeland Blvd. Suite 308

City: Miami FL Zip Code: 33156

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 _____ DATE

Signature, type or printed name of officer or director and title if applicable; and/or Registered Agent signature required when reinstating

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Director/President
NAME	Annemarie H. Block
STREET ADDRESS	9300 South Dadeland Blvd, Suite 308
CITY-ST-ZIP	Miami, FL 33156
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Annemarie H. Block 4/25/02 305 670-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

Annemarie H. Block