## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # M02778** 1. Entity Name RICHARD D. MONDRE, P.A. 04-14-2001 90027 007 \*\*\*150.00 Principal Place of Business Mailing Address 8151 PETERS RD 8151 PETERS RD I U T T T 4000 4000 FORT LAUDERDALE FL 33324 FORT LAUDERDALE FL 33324 US 3. Mailing Address 2. Principal Place of Business 8151 Poters Rd 8151 Peters Rd Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 3300 3300 City & State Plantstion, Applied For 4. FEI Number 59-2437842 Pluntation Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 3324 USA 3332Y Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MONDRE, RICHARD D. 8151 PETERS RD FORT LAUDERDALE FL 33324 3300 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subm SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Delete TITLE TITLE Mondre, Richard D 8151 Peters Rd, Ste. 33,00 NAME NAME MONDRE, RICHARD D. STREET ADDRESS STREET ADDRESS 2500 FIRST UNION FINANCIAL CENTER Pluntation CITY-ST-ZIP 33324 CITY-ST-ZIP MIAMI FL TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. with all other like empowered.

Mondre,

Richard