

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90131 004 ***150.00

DOCUMENT # M16771

1. Entity Name
HALEY, SINAGRA, PAUL & TOLAND, P.A.



Principal Place of Business
**100 S. BISCAYNE BLVD.
MIAMI FL 33131**

Mailing Address
**100 S. BISCAYNE BLVD.
MIAMI FL 33131**

2. Principal Place of Business
100 SE Third Ave.

3. Mailing Address
100 SE Third Ave

Suite, Apt. #, etc.
Suite 1900

Suite, Apt. #, etc.
Suite 1900

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33394

Country

Zip
33394

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2544720**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINAGRA, FRANK J.
100 SE THIRD AVENUE, SUITE 1900
FT. LAUDERDALE FL 33394**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
PEREZ, ALFONSO J. JR.
100 S BISCAYNE BLVD #800
MIAMI FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SINAGRA, FRANK J.
100 S BISCAYNE BLVD #800
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Sinagra, Frank J.
100 SE Third Avenue, Suite 1900
Ft. Lauderdale, FL 33394** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HALEY, JAMES T.
100 S BISCAYNE BLVD #800
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Haley, James T.
100 S. Biscayne Blvd. #800
Miami, FL 33393** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Paul, James P.
100 SE Third Avenue, Suite 1900
Ft. Lauderdale, FL 33394** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Toland, Howard S.
100 SE Third Avenue, Suite 1900
Ft. Lauderdale, FL 33394** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Heyer-Bednar, Lori L.
100 SE Third Avenue, Suite 1900
Ft. Lauderdale, FL 33394** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 954-467-1300

Date

Daytime Phone #

CR2E034 (10/02)