

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

022812 AV

DOCUMENT # **M44214**

1. Entity Name  
**ADORNO & YOSS, P.A.**



Principal Place of Business  
**2601 S. BAYSHORE DRIVE SUITE 1600  
MIAMI FL 33133**

Mailing Address  
**2601 S. BAYSHORE DRIVE SUITE 1600  
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2746043**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**FILED**  
**03 JAN 14 AM 11:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



## 6. Name and Address of Current Registered Agent

**YOSS, GEORGE T**  
**2601 S. BAYSHORE DR., SUITE 1600**  
**MIAMI FL 33133**

## 7. Name and Address of New Registered Agent

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ADORNO, HENRY N.	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GUERRA, PHILIP	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOOMBERG MITCHELL R.	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZEDER, JON W.	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	
CITY-ST-ZIP	MIAMI FL	
TITLE	MVST	<input type="checkbox"/> Delete
NAME	YOSS, GEORGE T	
STREET ADDRESS	2601 S BAYSHORE DR. 1600	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VICTOR, GREGORY A	
STREET ADDRESS	2601 S BAYSHORE DR, SUITE 1600	
CITY-ST-ZIP	MIAMI FL 33133	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>100011131571</b>
CITY-ST-ZIP	<b>01/28/03--01052--001 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED** Henry N. Adorno, Vice President 1/15/03 (305) 860-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03 (10/02)