

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 017 ***150.00

DOCUMENT # **M44235** ✓

1. Entity Name

PAUL CONTESSA P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DADE COUNTY FLORIDA

3. Mailing Address

15321 S. DIXIE HGH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15321 S. DIXIE HGH #209

#209

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33157

USA

33157

USA

4. FEI Number

59-2795561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL CONTESSA

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

15321 S. DIXIE HIGHWAY #209

City

MIAMI

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES/D
PAUL CONTESSA
15321 S. DIXIE #209
MIAMI FL 33157**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL CONTESSA

4/30/02

Date

305 261 6221

Daytime Phone #