

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90132 023 \*\*\*150.00

**DOCUMENT # M91442**

**1. Entity Name**  
**RAYMOND PAUL P.A.**

**Principal Place of Business**

**2731 NE 14ST CSNY/  
 STE 536B  
 POMPANO BCH. FL 33062  
 US**

**Mailing Address**

**2731 NE 14TH CSNY  
 STE 536B  
 POMPANO BCH. FL 33062  
 US**

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. BOX 1002**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**POMPANO BCH FL**

**4. FEI Number**

**59-2900078**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip 33061**

**Country USA**

**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**

**PAUL, RAYMOND  
 2731 NE 14ST CSWY SUITE 536-B  
 POMPANO BEACH FL 33062**

**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.**

**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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE P** ☐ Delete  
**NAME RAYMOND, PAUL**  
**STREET ADDRESS 2731 N.E. 14 ST. CSWY**  
**CITY-ST-ZIP POMPANO BEACH FL**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
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**STREET ADDRESS**  
**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RAYMOND PAUL P.A. RAYMOND PAUL PA**

**2/27/02 954-242-3870**

CR2E034 (9/01)