

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90175 002 ***150.00

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AV

DOCUMENT # P00000003237

1. Entity Name
RHONDA SINGER, P.A.



Principal Place of Business
**5981 FUNSTON ST., SUITE A3
HOLLYWOOD FL 33023**

Mailing Address
**5981 FUNSTON ST., SUITE A3
HOLLYWOOD FL 33023**



2. Principal Place of Business
7102 NW 70 Terr
Suite, Apt. #, etc.

3. Mailing Address
7102 NW 70 Terr.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Parkland, Fla
Zip
33067 Country
USA

City & State
Parkland, Fla
Zip
33067 Country
USA

4. FEI Number **65-1003781**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGER, RHONDA
5981 FUNSTON ST., SUITE A3
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7102 NW 70 Terrace
City
Parkland State
FL Zip Code
33067

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 _____ (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	D SINGER, RHONDA 5981 FUNSTON ST., SUITE A3 HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 any attachment with an address, with all other like empowered.

SIGNATURE: **Rhonda Singer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

520-03 954-2956175
Date Daytime Phone #

CR2E034 (10/02)