


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

FORM 1000

**DOCUMENT # P00000005391**

1. Entity Name  
**ALBERT L. FREVOLA, JR., P.A.**



04-30-2003 90087 014 \*\*\*150.00

Principal Place of Business      Mailing Address  
**POST OFFICE BOX 14723**      **POST OFFICE BOX 14723**  
**FORT LAUDERDALE FL 33302**      **FORT LAUDERDALE FL 33302**



2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0976552**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FREVOLA, ALBERT L. JR.**  
**633 SOUTH FEDERAL HIGHWAY**  
**FORT LAUDERDALE FL 33301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                      | <b>D</b> <input type="checkbox"/> Delete |
| NAME                       | <b>FREVOLA, ALBERT L. JR.</b>            |
| STREET ADDRESS             | <b>POST OFFICE BOX 14723 N/A</b>         |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL 33302</b>          |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| 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   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |

CR2E034 (10/02)

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:** *Albert L. Frevola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**      **(954) 462-5500**  
Date      Daytime Phone #