2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90008 029 ***150.00

0203327 AV

DOCUMENT # P00000018384

1. Entity Name
SARAH B. CLASBY, P.A.

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BLVD., STE. 1050 MIAMI FL 33131	201 SOUTH BISCAYNE BLVD., STE. 1050 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
155 South Miami Ave		155 South Miami Avenue	
Suite, Apt. #, etc.: Suite 600		Suite, Apt. #, etc.: Suite 600	
City & State: Miami Florida		City & State: Miami Florida	
Zip: 33130	Country: U.S.A.	Zip: 33130	Country: U.S.A.

4. FEI Number 65-0985040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLASBY, SARAH B
201 SOUTH BISCAYNE BLVD., STE. 1050
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Sarah Clasby Engel
Street Address (P.O. Box Number is Not Acceptable): 155 South Miami Avenue
Suite 600
City: Miami FL Zip Code 33130

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

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	PD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	CLASBY, SARAH B		NAME		
STREET ADDRESS	201 S BISCAYNE BLVD STE 1050		STREET ADDRESS	155 South Miami Avenue, Suite 600	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, FL 33130	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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: ____________________ 3/27/02 305 536 8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #