## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P00000022450

1. Entity Name

V. CYPRIAN ADAMS, P.A.



Principal Place of Business Mailing Address 7491 WEST OAKLAND PARK BLVD 7491 WEST OAKLAND PARK BLVD **SUITE #301 SUITE #301** LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Mailing Address . Daxland Bork Elvel 19491 W. Carland Bork Blod. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES loar econd City & State 4. FEI Number Applied For 65-0998343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UIRP ADAMS, VENOL C ESQ 7491 WEST OAKLAND PARK BLVD **SUITE #301** -100r LAUDERHILL FL 33319 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, the obligations of registered agen SIGNATORS typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **C**hange TITI E ☐ Delete TITLE ☐ Addition Verol C. AdaMS 7491 W. Oakland Park Blvd., Second FL ADAMS, VENOL L NAME NAME 7491 W OAKLAND PARK BLVD #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 CITY-ST-ZIP CITY-ST-ZIP 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 empower execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee er changed, or on an attachment with an addre-

## FILED Jan 07, 2003 8:00 am **Secretary of State**

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SIGNATURE: