2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90726 037 ***150.00

DOCUMENT # P00000023475

1. Entity Name
FRANTZ K. VITAL, P.A.

Principal Place of Business	Mailing Address
1060 SUNSET STRIP SUNRISE, FL 33313	1060 SUNSET STRIP SUNRISE, FL 33313

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
18921 SW 41 STREET		18921 SW 41 STREET	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State: MIRAMAR FLORIDA		City & State: MIRAMAR FLORIDA	
Zip: 33029	Country: USA	Zip: 33029	Country: USA

4. FEI Number: 65-0988125 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VITAL, FRANTZ K
1060 SUNSET STRIP
SUNRISE, FL 33313

7. Name and Address of New Registered Agent

Name: VITAL FRANTZ K
Street Address (P.O. Box Number is Not Acceptable): 18921 SW 41 STREET
City: MIRAMAR FL Zip Code: 33029

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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: PD NAME: VITAL, FRANTZ K STREET ADDRESS: 1060 SUNSET STRIP CITY-ST-ZIP: SUNRISE, FL 33313	☐ Delete		TITLE: PD NAME: VITAL, FRANTZ STREET ADDRESS: 18921 SW 41 STREET CITY-ST-ZIP: MIRAMAR FL 33029	☒ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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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: Frantz K Vital 4 April 03 305-321-8123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)