2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000033327

1. Entity Name

ALBERT A. YABOR, P.A.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90444 035 ***150.00

Principal Place of Business 12220 SW 102 COURT MIAM! FL 33176 2. Principal Place of Business Suite, Apt. #, etc. City & State				Mailing Address 12220 SW 102 COURT MIAMI FL 33176 3. Mailing Address Suite, Apt. #, etc. City & State				CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0998057 Applied For Not Applicable					
Zip	Country			Zip Count				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current							7. Name and Address of New Registered Agent						
VAROR ALBERT							Name ,						
YABOR, ALBERT 12220 SW 102 COURT							Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL													
MIAMI FL	33170												
						City				F	Zip Cod	e	
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. + am familiar with, and accept the obligations of registered agent.													
Sharture 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 Trust Fund Contrib		\$5.0 Added	O May Be I to Fees	
10. OFFICERS AND				DIRECTORS 11.				ADDI1	TIONS/CHANGES TO (OFFICERS A	ND DIRECTORS	3 IN 11	
NAME STREET ADDRESS	D Yabor, Ai 12220 SW Miami Fl 3	102 COURT		☐ Delete							☐ Change	☐ Addition	
TITLE NAME		•		☐ Delete	TITLE	ľ					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						T-ADDRESS-		-				- *	
TITLE* NAME STREET_ADDRESS CITY-ST-ZIP	- :	-	-	Delete	TITLE NAME STREE	T ADDRESS	- :				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					□ Change	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 an attachment with an address, with all other like empowered.

SIGNATURE:

SITUS REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

<u> 305-588-702</u>

Daytime Phone #