

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90159 044 ***150.00

DOCUMENT # P00000046324

1. Entity Name
CARLOS A. ZIEGENHIRT, P.A.



Principal Place of Business
6780 CORAL WAY
MIAMI FL 33155

Mailing Address
6780 CORAL WAY
MIAMI FL 33155



2. Principal Place of Business

150 ALHAMBRA Circle

3. Mailing Address

150 ALHAMBRA Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1240

Suite 1240

City & State

City & State

CORAL GABLES, FLORIDA

CORAL GABLES, FLORIDA

Zip

Country

Zip

Country

33134

USA

33134

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1006838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIEGENHIRT, CARLOS A
6780 CORAL WAY
MIAMI FL 33155

Name CARLOS A. ZIEGENHIRT

Street Address (P.O. Box Number is Not Acceptable)

150 ALHAMBRA Circle

Suite 1240

City

CORAL GABLES

FL

Zip Code

33134

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

2/5/03

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 D ☐ Delete
NAME ZIEGENHIRT, CARLOS A
STREET ADDRESS 6780 CORAL WAY
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

Daytime Phone #

CR2E034 (10/02)