

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

03 SEP 29 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000050406**

1. Entity Name  
**Patricia Kimball Fletcher, P.A.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**200 S. Biscayne Blvd.**  
Suite, Apt. #, etc.  
**Suite 3400**

3. Mailing Address  
**200 S. Biscayne Blvd.**  
Suite, Apt. #, etc.  
**Suite 3400**

City & State  
**Miami, FL**  
Zip Country  
**33131 USA**

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**Miami, FL**  
Zip Country  
**33131 USA**

4. FEI Number  
**65-1009873**

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**Patricia K. Fletcher**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Blvd.**  
**Suite 3400**  
City **Miami** FL Zip Code **33131**

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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 **Patricia K Fletcher** DATE **9/26/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE **President**  
NAME **Patricia Kimball Fletcher**  
STREET ADDRESS **200 S. Biscayne Blvd, Ste**  
CITY-ST-ZIP **MIAMI, FL 33131 3400**

TITLE **Vice President**  
NAME **Christopher A. Fletcher**  
STREET ADDRESS **2732 SW 2 Ave.**  
CITY-ST-ZIP **MIAMI, FL 33129**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Patricia K Fletcher**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/26/03**  
Date Daytime Phone #

CR2E034B (12/02)