

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90090 018 \*\*\*150.00

**DOCUMENT # P00000075150**

1. Entity Name  
**CAREY A. STISS, P.A.**



Principal Place of Business  
**2500 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2336**

Mailing Address  
**2500 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2336**



2. Principal Place of Business

**200 S. Biscayne Blvd**

Suite, Apt. #, etc.

**Suite 2500**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

3. Mailing Address

**200 S. Biscayne Blvd**

Suite, Apt. #, etc.

**Suite 2500**

City & State

**Miami, FL**

Zip

**33131**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1029978**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STISS, CAREY A  
2500 FIRST UNION FINANCIAL CENTER  
SUITE 2500 STISS P.A.  
MIAMI FL 33131-2336**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

MIAMI FL 33131-2336

MIAMI FL 33131-2336

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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

TITLE **D** ☐ Delete  
NAME **STISS, CAREY A**  
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**  
CITY-ST-ZIP **MIAMI FL 33131-2336**

TITLE ☐ Delete  
NAME **STISS, CAREY A**  
STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**  
CITY-ST-ZIP **MIAMI FL 33131-2336**

TITLE ☐ Delete  
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STREET ADDRESS **2500 FIRST UNION FINANCIAL CENTER**  
CITY-ST-ZIP **MIAMI FL 33131-2336**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition  
NAME **65-1029978**  
STREET ADDRESS **200 S. Biscayne Blvd. Suite 2500**  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/03**

Date

**305-350-2418**

Daytime Phone #

CR2E034 (10/02)