

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90343 002 \*\*\*150.00

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**DOCUMENT # P00000092262**

1. Entity Name  
**ROLAND ST. LOUIS, P.A.**



Principal Place of Business  
**169 MIRACLE MILE R40  
CORAL GABLES FL 33134**

Mailing Address  
**169 MIRACLE MILE R40  
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

**2333 Ponce de Leon Blvd.**

**2333 Ponce de Leon Blvd.**

Suite, Apt. #, etc.  
**Suite R-60**

Suite, Apt. #, etc.  
**Suite R-60**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Coral Gables, Florida**

City & State  
**Coral Gables, Florida**

4. FEI Number  
**65-0346869**

Applied For  
☐ Not Applicable

Zip  
**33134**

Country

Zip  
**33134**

Country

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

**ST LOUIS, ROLAND R JR  
169 MIRACLE MILE R40  
CORAL GABLES FL 33134**

Name

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

**2333 Ponce de Leon Blvd.**

**Suite R-60**

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

**02-04-03**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ST LOUIS, ROLANDO R JR  
617 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
St. Louis, Roland R. Jr.  
2333 Ponce de Leon Blvd. Suite R-60  
Coral Gables, Florida 33134** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-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: **ROLAND R. St. Louis, Jr.**

**02-04-03 305-444-2363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)