

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:51

2003
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000102240
1. Entry Name
HAMID R. ABBASSI, P.A.

Principal Place of Business Mailing Address
1643 BRICKELL AVE. APT 2403 1643 BRICKELL AVE. APT 2403
MIAMI FL 3312-0 MIAMI FL 3312-0

2. Principal Place of Business 3. Mailing Address
Suits, Apt. #, etc. Suits, Apt. #, etc.

City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
65-1057791
APPLIED FOR

4. FEI Number Applied For
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ABBASSI, HAMID R
1643 BRICKELL AVE. APT 2403
MIAMI FL 3312-0
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.
SIGNATURE _____ DATE _____
Signature, title or print name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when withdrawing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ABBASSI, HAMID R 1643 BRICKELL AVE. APT 2403 MIAMI FL 3312-0	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: _____ 4/15/02 (305) 325-9433
Signature must be typed or printed name of officer or director on document

4/28/03 (305) -325-9433

5/14/03
aw