

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000112735**

1. Entity Name

JOSEPH I. ZUMPARO, P.A.

Principal Place of Business

201 S. BISCAYNE BOULEVARD
34TH FLOOR MIAMI CENTER
MIAMI FL 33131

Mailing Address

201 S. BISCAYNE BOULEVARD
34TH FLOOR MIAMI CENTER
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1062969

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA-OLIVER, ANGEL M
201 S. BISCAYNE BOULEVARD
34TH FLOOR MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

William R. Middlethorpe

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

201 South Biscayne Blvd.

34th Floor, Miami Center

City

Miami, FL

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	ZUMPARO, JOSEPH I	201 S. BISCAYNE BOULEVARD 34TH FLOOR	MIAMI FL 33131	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 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

4/29/02

305-371-8585

Date

Daytime Phone #

CR2E034 (9/01)