

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

FILED

DOCUMENT # P00000114355

1. Entity Name

ANA M. FOURNARIS, P.A.

02 DEC -9 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
700 Biltmore Way

3. Mailing Address
700 Biltmore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1202

#1202

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
65-1066467

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Ana M. Fournaris

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

700 Biltmore Way #1202

City
Coral Gables

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
Ana M. Fournaris
700 Biltmore Way #1202
Coral Gables, FL 33134

TITLE
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IN THIS SPACE**

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

SIGNATURE: *Ana M. Fournaris* Ana M. Fournaris, President

12/5/02

305-377-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

12/4

TURNER & ASSOCIATES

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

Biscayne Building • 19 West Flagler Street • Suite 600 • Miami, Florida 33130
Phone: 305-377-0707 • Facsimile: 305-377-0787 • Internet: www.turnercpas.com

December 5, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

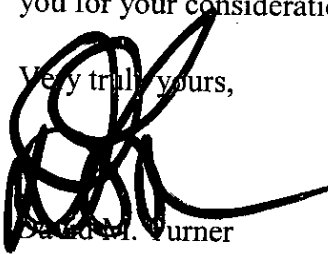
Re: - Ana M. Fournaris, P.A.
Document #P00000114355

Dear Sir/Madam:

In connection with the captioned corporation, enclosed is the Uniform Business Report together with our check in the amount of \$150.

The previous annual report was not received by this corporation due to a change of address. Thank you for your consideration in this matter. Should you have any questions, please contact me.

Very truly yours,



David M. Turner
For the firm

DMT/lgl

Enclosures

cc: Ms. Ana Fournaris