02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC -9 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114355

1. Entity Name

ANA M. FOURNARIS, P.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 Biltmore Way	700 Biltmore Way
Suite, Apt. #, etc. #1202	Suite, Apt. #, etc. #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

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 like 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 #

JF 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