

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90878 020 \*\*\*150.00

**DOCUMENT # P01000020375**

1. Entity Name  
~~PHIDD & ASSOCIATES PROFESSIONAL ASSOCIATION~~

*Phiss Lawfirm, P.A.*

*VNIC*  
*MND*

Principal Place of Business  
 P. O. BOX 260004  
 PEMBROKE PINES FL 33026

Mailing Address  
 P. O. BOX 260004  
 PEMBROKE PINES FL 33026



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

*01-060.2503*

Applied For

Not Applicable

Zip

Country

Zip

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

PHIDD, ALICIA M  
 122-89 PEMBROK RD., SUITE 104  
 PEMBROKE PINES FL 33025

Name *Phidd, Alicia M*

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

*12555 ORANGE Drive, #4A*

City *DAVIE*

FL

Zip Code *33330*

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PVST  
 PHIDD, ALICIA M  
 P. O. BOX 260004  
 PEMBROKE PINES FL 33026 ☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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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

*01/07/02*

Date Daytime Phone #

CR2E034 (9/01)