

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90129 040 ***550.00

DOCUMENT # P01000030225

1. Entity Name
PISCES CHARTER INC.

Principal Place of Business

4433 ISLAND ROAD
MIAMI FL 33137

Mailing Address

4433 ISLAND ROAD
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Pier 5 Slip 14

Suite, Apt. #, etc.

Miamarina Bayside

City & State

Miami FL

3. Mailing Address

James B. Cunningham, M.D.
4433 Island Rd.
Baypoint,
Miami, FL 33137

4. FEI Number

651085980

Applied For

Not Applicable

Zip
33132

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

NAME
JAMES B. CUNNINGHAM
Street Address (P.O. Box Number is Not Acceptable)
4433 ISLAND RD.
BAYPOINT,
City
MIAMI
FL
Zip Code
33137

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

J.B. Cunningham

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

NOTE: Registered Agent signature required when reinstating)

9-3-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James B. Cunningham, M.D.
4433 Island Rd.
Baypoint,
Miami, FL 33137

☐ Delete

Pres.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 **B. Cunningham**
Bay Point
4433 Island Rd.
Miami, FL 33137-3370

☐ Delete

Sec/Treas

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED
J.B. Cunningham

9-3-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)