

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

DOCUMENT # **P01000040461**

1. Entity Name

**KAMIL F. PHARAONY P.A.**

FILED

02 NOV -4 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8925 NW 189 TERR**

Suite, Apt. #, etc.

3. Mailing Address

**8925 NW 189th TERR**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33018**

Country

City & State

**MIAMI FL**

Zip

**33018**

Country

4. FEI Number

**65-1098953**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KAMIL F. PHARAONY**

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

**8925 NW 189 TERR**

City **MIAMI**

**FL**

Zip Code  
**33018**

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 \$350.00

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 **DIRECTOR PRESIDENT**  
NAME **KAMIL PHARAONY**  
STREET ADDRESS **8925 NW 189 TERR**  
CITY - ST - ZIP **MIAMI FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**3000008778263**  
**11/04/02--01041--011 \*\*150.00**

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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 like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Oct 22 '02**

Date

Daytime Phone #

CR2E034E (12/01)

js 11/7/02

Kamil F. Pharaony, P.A.  
8925 NW 189<sup>th</sup> Terrace  
Miami, Florida 33018  
FEI# 65-1098953

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 22, 2002

My corporation has received a notice of dissolution for which I disagree. My annual report was filed on time in February 2002. I tried to find the cancelled check but it never cleared the bank so I assume it and the report are lost. Please accept my check for \$150.00 and my business report. The reinstatement fee of \$750.00 is extreme and not affordable by my small business.

Thank you for your assistance.

Sincerely,

Kamil Pharaony