

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90173 037 \*\*\*150.00

**DOCUMENT # P01000043201**

1. Entity Name  
**MAX RICART, PA**



Principal Place of Business  
**8550 WEST FLAGLER STREET  
SUITE 116  
MIAMI FL 33144**

Mailing Address  
**8550 WEST FLAGLER STREET  
SUITE 116  
MIAMI FL 33144**

**10027564**



2. Principal Place of Business  
**6428 SW 11st**

3. Mailing Address  
**6428 SW 11st**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**65-1109255**

Applied For  
Not Applicable

Zip  
**33144** Country  
**Dade**

Zip  
**33144** Country  
**Dade**

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

**6. Name and Address of Current Registered Agent**

**ALFONSO, ARTURO R  
7821 CORAL WAY  
SUITE 125  
MIAMI FL 33155**

Name

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

City

**FL**

Zip Code

**7. Name and Address of New Registered Agent**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**PVST**  
NAME  
**RICART, MAX**  
STREET ADDRESS  
**8550 WEST FLAGLER STREET SUITE 116**  
CITY-ST-ZIP  
**MIAMI FL 33144**

☐ Delete

TITLE  
**D**  
NAME  
**RICART, MAX**  
STREET ADDRESS  
**8550 WEST FLAGLER STREET SUITE 116**  
CITY-ST-ZIP  
**MIAMI FL 33144**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PVST**  
NAME  
**Ricart, Max**  
STREET ADDRESS  
**6428 SW 11st**  
CITY-ST-ZIP  
**Miami FL 33144**

☒ Change ☐ Addition

TITLE  
**P**  
NAME  
**Ricart, Max**  
STREET ADDRESS  
**6428 SW 11st**  
CITY-ST-ZIP  
**Miami FL 33144**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E034 (10/02)

12. 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 10 or Block 11 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**

**2/18/03**

Date

**765-525-3255**

Daytime Phone #