

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000074061**

1. Entity Name

OFIARA AND ASSOCAITES, P.A.

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90092 047 \*\*\*150.00

0072193 AV

Principal Place of Business

11020 SW 42 COURT  
DAVIE FL 33328

Mailing Address

11020 SW 42 COURT  
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

4. FEI Number

651125540

Applied For

Not Applicable

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**OFIARA, MARY BETH  
11020 SW 42 COURT  
DAVIE FL 33328

Name

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

City

FL

Zip Code

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFIARA, MARY BETH 11020 SW 42 COURT DAVIE FL 33328			

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:

SMARITH BETH OFIARA

9-12-02

954-424-9412

CR2E034 (4/02)

Attachment  
871903  
#P01000074061

11020 S.W. 42<sup>ND</sup> Court  
Davie, FL 33328  
Telephone 954-424-9412  
FAX 954-236-3750

Ofiara & Associates, P.A.

Real Estate Appraising & Consulting

September 12, 2002

Dear Sir or Madam:

Enclosed is a check for \$150.00 for the filing fee. I was advised by your agency to submit this amount as I this is the first notice that was received.

As a newly incorporated business, I make every effort to meet filing and payment deadlines but was unaware that this form and payment were due.

I request your understanding in this matter. Please let me know if any further information is required.

Thank you very much.

Sincerely,

MaryBeth Ofiara

President

Ofiara & Associates, P.A.