FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079363

1. Entity Name

02 DEC 13 PM 1: 23

SECRETARY OF STATE TALLAHASSEE, FLOREDA

NICHOLAS E. WARE, P.A. DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 2355 SALZEDO STREET 2355 SALZEDO STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc SUITE 240C SUITE 240C Applied For City & State CORAL GABLES City & State CORAL GABLES Not Applicable Country **USA** \$8.75 Additional Zip 33134 5. Certificate of Status Desired Fee Required 33134 USA 7. Name and Address of Current Registered Agent em erente to tore and a . Te mantant Name NICHOLAS E. WARE DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2355 SALZEDO STREET, SUITE 240C City CORAL GABLES 8. The above named enalty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) * Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, TITLE " TITLE **PSTD** NAME ... NAME NICHOLAS E. WARE STREET ADDRESS STREET ADDRESS 2355 SALZEDO STREET, SUITE 240C CITY-ST-ZIP CITY-ST-ZIP CORAL GARLES FLORIDA 33134 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP TITLE * ** TITLE NAME > NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE ĆITY-ST-ZIP CITY-SI-ZIP THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 with all other like empowered. attachment with an addres

SIGNATURE:

Daytime Phone :

NICHOLAS E. WARE, P.A.



TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT. I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

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CORDIALLY.

NICHOLAS E. WARE

PRESIDENT