

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91203 034 ***150.00

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DOCUMENT # P01000103442

1. Entity Name

GIA M. OLIVER, P.A.



Principal Place of Business

~~1500 BAY ROAD~~
~~#552~~
~~MIAMI FL 33139~~

Mailing Address

~~3801 N FEDERAL HWY~~
~~POMPANO BEACH FL 33064~~

2. Principal Place of Business

KEY
801 BRICKELL BLVD

3. Mailing Address

7777 GLADES ROAD

Suite, Apt. #, etc.

209

City & State

BOCA RATON, FL

Zip

33434

Country

U.S.

City & State

MIAMI, FL

Zip

33131

Country

U.S.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1151768**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MAHONEY, ROBERT F~~
~~3801 N FEDERAL HWY~~
~~POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent

None
ROBERT F. MAHONEY, P.A.
Street Address (P.O. Box Number is Not Acceptable)
7777 GLADES ROAD
SUITE 209
City **BOCA RATON** FL Zip Code **33434**

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 **ROBERT F. MAHONEY, P.A.** DATE **2/10/03**

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 **P** ☒ Delete
NAME **OLIVER, GIA M.**
STREET ADDRESS **1500 BAY ROAD**
CITY-ST-ZIP **MIAMI FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P ☐ Change ☐ Addition
NAME **GIA M. OLIVER**
STREET ADDRESS **801 BRICKELL KEY BLVD.**
CITY-ST-ZIP **MIAMI, FL 33131**

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

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

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 **GIA M. OLIVER** DATE **2/10/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (10/02)