

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90124 019 \*\*\*750.00

**DOCUMENT # P01000104040**

1. Entity Name  
**ADRIANA FABBRI, P.A.**

Principal Place of Business

9430 POINCIANA PL #404  
 DAVIE FL 33324

Mailing Address

9430 POINCIANA PL #404  
 DAVIE FL 33324



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9725 N. New River Canal Rd.  
 Suite, Apt. #, etc.  
 #427

3. Mailing Address

9725 N. New River Canal Rd.  
 Suite, Apt. #, etc.  
 #427

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

14-184 7167

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, JEFFREY  
 3864 SHERIDAN ST  
 HOLLYWOOD FL FL330-21

7. Name and Address of New Registered Agent

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	D FABBRI, ADRIANA 9430 POINCIANA PL #404 DAVIE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADRIANA FABBRI 9725 N. New River Canal Rd. Plantation, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE FABBRI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02 954-723-0001

Date

Daytime Phone #

CR2E034 (4/02)