

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90261 019 ***150.00

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DOCUMENT # P01000107642

1. Entity Name
CPA TUTORS & CONSULTANTS, INC.



11013082



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
C/O DAVID J. HART, P.A.
21 SE 1ST AVENUE 10TH FLOOR
MIAMI FL 33131

Mailing Address
C/O DAVID J. HART, P.A.
21 SE 1ST AVENUE 10TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
12537 SW 28th Court
Suite, Apt. #, etc.

3. Mailing Address
12537 SW 28th Court
Suite, Apt. #, etc.

City & State
Miramar, Florida
Zip
33027 Country
USA

City & State
Miramar, Florida
Zip
33027 Country
USA

4. FEI Number **65-1155979** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HART, DAVID J
21 SE 1ST AVENUE 10TH FLOOR
MIAMI FL 33131

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRETT, DUANE 21 SE 1 AVENUE 10TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARRETT, PAULA 21 SE 1 AVENUE 10TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/03 **954-885-8641**

Date Daytime Phone #

CR2E034 (10/02)