

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91783 001 \*\*\*158.75

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**DOCUMENT # P02000011409**

1. Entity Name

**INFORMATION RISK ANALYSTS, P.A.**



Principal Place of Business

491 RACQUET CLUB ROAD  
BLDG. 130 UNIT 209  
WESTON FL 33326

Mailing Address

491 RACQUET CLUB ROAD  
BLDG. 130 UNIT 209  
WESTON FL 33326

2. Principal Place of Business

1811 Sabal Palm Drive

Suite, Apt. #, etc.

301

City & State

Fort Lauderdale, FL

Zip

33324

Country

U.S.A.

3. Mailing Address

1811 Sabal Palm Drive

Suite, Apt. #, etc.

301

City & State

Fort Lauderdale, FL

Zip

33324

Country

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

45-0464208

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

FONSECA, DAVID

1811 Sabal Palm Drive

Unit 301

Fort Lauderdale, FL 33324

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

**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 ☐ Delete  
NAME D FONSECA, DAVID  
STREET ADDRESS 1811 Sabal Palm Drive #301  
CITY-ST-ZIP Fort Lauderdale, FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03 954-385-7876

CR2E034 (10/02)