

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90168 010 ***150.00

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DOCUMENT # P02000017556

1. Entity Name
MICHELE COLSON, P.A.



Principal Place of Business
**3433 GARDEN AVENUE
SUITE #2
MIAMI BEACH FL 33140**

Mailing Address
**3433 GARDEN AVENUE
SUITE #2
MIAMI BEACH FL 33140**

2. Principal Place of Business

540 15th Street
Suite, Apt. #, etc.
101

3. Mailing Address

540 15th Street
Suite, Apt. #, etc.
101

City & State

Miami Beach, FL

City & State

Miami Beach FL

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

4. FEI Number

04-3602310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name
Michele Colson
Street Address (P.O. Box Number is Not Acceptable)
540 15 Street, #101
City **Miami Beach** **FL** Zip Code **33139**

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 *Michele Colson* **Michele Colson**

4-7-03

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 **PSTD** ☐ Delete
NAME **COLSON, MICHELE**
STREET ADDRESS **3433 GARDEN AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VD** ☐ Delete
NAME **BAILEY, SIMONE C**
STREET ADDRESS **3433 GARDEN AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Colson, Michele**
STREET ADDRESS **540 15 Street, #101**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE **VD** ☒ Change ☐ Addition
NAME **BAILEY, SIMONE C**
STREET ADDRESS **540 15 Street, #101**
CITY-ST-ZIP **Miami Beach, FL 33139**

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

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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: *Michele Colson* **Michele Colson**

4-7-03

305-282-7818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)