

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P02000019632**

1. Entity Name  
**BARRETT, ROGERS & ASSOCIATES, P.A.**



Principal Place of Business  
801 N.E. 167TH STREET  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
801 N.E. 167TH STREET  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33162

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**REINSTATEMENT**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**03-0416980**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROGERS, WILLIAM L**  
801 N.E. 167TH STREET  
SECOND FLOOR  
NORTH MIAMI BEACH, FL 33162

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, WILLIAM L 801 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162 <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]* **May 29, 2003** (305) 455-2040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

**BARRETT, ROGERS & ASSOCIATES, P.A.**  
ATTORNEYS AT LAW

**FLORIDA OFFICE**

801 N.E. 167<sup>th</sup> Street  
SECOND FLOOR  
NORTH MIAMI BEACH, FLORIDA 33162  
TELEPHONE: 305-455-2040  
FACSIMILE: 305-455-2275 or 455-2050

JOHN R. BARRETT, J.D. (OF COUNSEL)  
(MEMBER: FLORIDA & VIRGINIA BARS)  
WILLIAM L. ROGERS, J.D.  
(MEMBER: FLORIDA BAR)

**VIRGINIA OFFICE**

195 RIVERBEND DRIVE  
PANTOPS  
CHARLOTTESVILLE, VIRGINIA 22911  
TELEPHONE: 804-977-6000  
FACSIMILE: 804-977-6005

May 29, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

RE: Barrett, Rogers & Associates, P.A.

Dear Sir or Madam:

Please find enclosed herein our professional association's completed Uniform Business Report and check for \$150.00 representing the annual renewal fee. To confirm our telephone conversation with your division, we never received by mail the preprinted form and therefore the late fee should be waived and the enclosed fee accepted as payment in full.

Thank you for your courtesy in regards to the above.

Very truly yours,



William L. Rogers, Esq.

WLR\pm