## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # P02000033207

1. Entity Name

RICHARD A. ASSELTA, P.A.



Principal Place of Business

315 SOUTHEAST SEVENTH STREET FIRST FLOOR

FORT LAUDERDALE FL 33301

Mailing Address

315 SOUTHEAST SEVENTH STREET

FIRST FLOOR

FORT LAUDERDALE FL 33301

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Aug 15, 2003 8:00 am Secretary of State

08-15-2003 90087 040 \*\*\*550.00

2. Principal Place of Business			3. Mailing Address			<b>                                    </b>	##### ################################	APII! IAR! IAR!	
Suite, Apt.	NE 16/TH S/	Suite	NE ./67 a. Apt. #. etc.	TH 31_					
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City & Stat	e iAMI BEACH ,	City	& State DiAniBe			FEI Number 02-05 73 46/	<b>├</b> ─	pplied For ot Applicable	
33/60	Country	Zip 33		Country - U.S.A		Certificate of Status Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent				7.	7. Name and Address of New Registered Agent				
				Name RICHARD A. ASSELTA					
ASSELTA, RICHARD A				Street Address (P.O. Box Number is Not Acceptable)					
315 SOUTHEAST SEVENTH STREET				SOI NE 167TH ST.					
FIRST FLOOR ZND Floor									
FORT LA	JDERDALE FL 33301			City V.		ni Bench	FL Zip Coo	162	
8. The above named entity submits this safement 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 agents.									
SIGNATURE Signature burger of vertical garger of ve									
	Signature, typed or printed name of registere	ed agent and title if appl	licable. (NOTE: I	Registered Agent signatu	re required when r	reinstating)	DATE		
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State						Election Campaign Fina     Trust Fund Contribution.		O May Be	
						TOTAL COLUMN COL	en a la preciona	20.101.44	
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NAME	ASSELTA, RICHARD A		L_1 Delete	NAME	RICHAL	ID A. ASSELTA	•	□ Muniton	
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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:**