

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-07-2003 90136 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

7/7

DOCUMENT # P02000041562

1. Entity Name

MYRNABELLE ROCHE, P.A.



Principal Place of Business
8245 NORTH FEDERAL HIGHWAY
THIRD FLOOR
FORT LAUDERDALE FL 33308

Mailing Address
8245 NORTH FEDERAL HIGHWAY
THIRD FLOOR
FORT LAUDERDALE FL 33308

55051620



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0086289

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANK V. REILLY, P.A.
8245 NORTH FEDERAL HIGHWAY
THIRD FLOOR
FORT LAUDERDALE FL 33308

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 fee if applicable.

(NOTE: Registered Agent signature required when 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

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
PRESIDENT
MYRNABELLE ROCHE
8245 N FEDERAL HIGHWAY 3RD FLOOR
FORT LAUDERDALE FL 33308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

7/2/03

954-229-1008

Date

Daytime Phone #

Attachment

MYRNABELLE ROCHE PA

ATTORNEY AT LAW
6245 NORTH FEDERAL HIGHWAY, 3RD FLOOR
FORT LAUDERDALE, FL 33308
(954) 229-1008 PHONE (954) 229-1006 FAX

55051420

#P02000041562

July 2, 2003

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

Re: Document Number P02000041562, Myrnabelle Roche, P.A.

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

This afternoon I received the attached 2003 UBR. This is the first notice I received and I am requesting that the fee be waived. Please find attached the required \$150.00 filing fee.

Should you have any questions or need additional information, I hope that you will not hesitate to call me anytime. Thank you very much.

Sincerely,

MYRNABELLE ROCHE, P.A.

Mymabelle Roche

Cc: file