

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 08, 2003 8:00 am
Secretary of State

08-18-2003 90165 026 ***500.00
09-08-2003 90134 007 ***50.00

DOCUMENT # P02000045161

1. Entity Name
GINA KIRKPATRICK, PA



Principal Place of Business
**600 NE 36 STREET #T-23
MIAMI FL 33137**

Mailing Address
**600 NE 36 STREET #T-23
MIAMI FL 33137**

2. Principal Place of Business
**400 Alton Road
Suite, Apt. #, etc.
#2011**

3. Mailing Address
**400 Alton Road
Suite, Apt. #, etc.
#2011**

City & State
Miami Beach FL
Zip
33139

City & State
Miami Beach FL
Zip
33139

4. FEI Number

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

**KIRKPATRICK, GINA
600 NE 36 STREET #T-23
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **Gina Kirkpatrick**
Street Address (P.O. Box Number is Not Acceptable)
**400 Alton Road
#2011**
City **Miami Beach** FL Zip Code **33139**

8. I, 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 **Gina Kirkpatrick** **Gina Kirkpatrick** **8-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKPATRICK, GINA 600 NE 36 STREET #T-23 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA GINA KIRKPATRICK 400 Alton Rd #2011 Miami Beach FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Gina Kirkpatrick** **REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-03

Date

Daytime Phone #

CR2E034 (4/03)