

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91007 034 ***150.00

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DOCUMENT # P02000050765

1. Entity Name
SERENA CARROLL, P.A.



Principal Place of Business
1975 E SUNRISE BLVD STE 767
FT LAUDERDALE FL 33304

Mailing Address
1975 E SUNRISE BLVD STE 767
FT LAUDERDALE FL 33304



2. Principal Place of Business

1975 E. Sunrise Blvd
Suite, Apt. #, etc.
Ste 770

3. Mailing Address

1975 E. Sunrise Blvd
Suite, Apt. #, etc.
Ste 770

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale, FL

4. FEI Number
59-1004604

Applied For
Not Applicable

Zip
33304

Country
USA

Zip
33304

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CARROLL, SERENA
1975 E SUNRISE BLVD STE 767
FT LAUDERDALE FL 33304

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

Serena Carroll, P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/05/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ **Delete**
NAME **D. CARROLL, SERENA**
STREET ADDRESS **1975 E SUNRISE BLVD STE 767**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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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:

Serena Carroll, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/03

Date

954-525-2000

Daytime Phone #

CR2E034 (10/02)