

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000058355

1. Entity Name  
MARCIA DUNN, P.A.



**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90105 035 \*\*\*550.00

0214769 AV

Principal Place of Business  
1915 BRICKELL AVENUE  
#C-1506  
MIAMI FL 33129

Mailing Address  
1915 BRICKELL AVENUE  
#C-1506  
MIAMI FL 33129



2. Principal Place of Business  
1450 MADRUGA Ave

3. Mailing Address  
1450 MADRUGA Ave

Suite, Apt. #, etc.  
#302

Suite, Apt. #, etc.  
#302

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33146

Country  
DADE

Zip  
33146

Country  
DADE

4. FEI Number  
27-0015897

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

7. Name and Address of New Registered Agent

DUNN, MARCIA T  
1915 BRICKELL AVENUE  
#C-1506  
MIAMI FL 33129

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

8/17/03

**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	P	<input type="checkbox"/> Delete
NAME	DUNN, MARCIA T	
STREET ADDRESS	1915 BRICKELL AVENUE, #C-1506	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, MARCIA T	
STREET ADDRESS	1450 MADRUGA Ave #302	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/03 305 668 6037

Date Daytime Phone #

CR2E034 (10/02)