

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90106 038 \*\*\*550.00

004447 AV

**DOCUMENT # P02000058862**

1. Entity Name  
**JOEL S. JACOBI, P.A.**



Principal Place of Business  
**4000 TOWERSIDE TERR #1405  
MIAMI FL 33139**

Mailing Address  
**4000 TOWERSIDE TERR #1405  
MIAMI FL 33139**



2. Principal Place of Business

3. Mailing Address

**12555 BISCAYNE BLVD**

**12555 BISCAYNE BLVD**

Suite, Apt. #, etc.  
**# 844**

Suite, Apt. #, etc.  
**# 844**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FLA.**

City & State  
**MIAMI FLA**

4. FEI Number  
**04-3675154**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33181**

Country  
**DADE, USA**

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

**JACOBI, JOEL S  
4000 TOWERSIDE TERR #1405  
MIAMI FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**12555 BISCAYNE BLVD  
# 844**

City  
**MIAMI**

FL

Zip Code  
**33181**

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

**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  
**DPVT  
JACOBI, JOEL S  
4000 TOWERSIDE TERR #1405  
MIAMI FL 33139**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**12555 BISCAYNE BLVD # 844  
MIAMI FLA 33181**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
JACOBI, JOEL S  
4000 TOWERSIDE TERR #1405  
MIAMI FL 33139**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**12555 BISCAYNE BLVD # 844  
MIAMI FLA 33181**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ 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)(l), 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**

**CORPORATE officer 8/8/03 (305) 354-7245**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)