

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90454 037 ***150.00

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DOCUMENT # P02000072903

1. Entity Name

ALBERT MORRISON, JR., C.P.A., P.A.



Principal Place of Business

**C/O MORRISON, BROWN, ARGIZ & COMPANY LLP
1001 BRICKELL BAY DR 9TH FLOOR
MIAMI FL 33131**

Mailing Address

**C/O MORRISON, BROWN, ARGIZ & COMPANY LLP
1001 BRICKELL BAY DR 9TH FLOOR
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3879204

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

**PENINSULA REGISTERED AGENTS, INC.
200 S BISCAYNE BLVD
43RD FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Ed S. Torgas

Street Address (P.O. Box Number is Not Acceptable)

1001 BRICKELL BAY DRIVE

9th Floor

City

MIAMI

FL

Zip Code

33131

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

Ed S. Torgas

4/21/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MORRISON, ALBERT JR								
	1001 BRICKELL BAY DR 9TH FLOOR								
	MIAMI FL 33131								
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Albert Morrison, Jr., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-373-5500

CR2E034 (10/02)