

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

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9/

05-02-2003 90147 011 ***150.00
09-02-2003 90183 043 ***150.00

DOCUMENT # P02000074883

1. Entity Name
RON FILLION P.A.



Principal Place of Business
**9801 HAITIAN DR.
MIAMI FL 33189**

Mailing Address
**9801 HAITIAN DR.
MIAMI FL 33189**

55056794

2. Principal Place of Business

20210 SW 80th AVE

3. Mailing Address

20210 SW 80th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

14-1838071

Applied For

Not Applicable

Zip

33189

Country

Dade

Zip

33189

Country

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STANLEY J. MANDEL CPA PA
20341 OLD CUTLER RD., STE. A
MIAMI FL 33189**

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

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 **PD** ☐ Delete
NAME **FILLION, RON**
STREET ADDRESS **9801 HAITIAN DR.**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **RON FILLION**
STREET ADDRESS **20210 SW 80th AVE**
CITY-ST-ZIP **Miami, FL. 33189**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
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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

Date

Daytime Phone #

CR2E034 (4/03)

attachment 55056794



Stanley J. Mandel, CPA, P.A.

Certified Public Accountant

20341 Old Cutler Road, Suite A
Miami, Florida 33189
Telephone: (305) 235-5857
(305) 232-2831
Facsimile: (305) 252-1745

August 25th, 2003

State of Florida
Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Ron Fillion P.A.
Document # P02000074883
Annual Report

Dear Sir or Madam:

We are in receipt of your second notice to the above corporation. Per instructions from your office we were advised to write a letter because the client never received the original report. The mailing address in both addresses is incorrect. We have made the correction.

Please process the report with the original amount due of \$150.00.

Thank you for your cooperation in this matter.

Sincerely,

Stanley Mandel CPA

Cc: Ron Fillion P.A.