

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90129 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000080105

1. Entity Name
INNOCENT O. CHINWEZE, P.A.



Principal Place of Business

612 SW 76 TERR.
N LAUDERDALE, FL 33068

Mailing Address

612 SW 76 TERR.
N LAUDERDALE, FL 33068

2. Principal Place of Business

300 SOUTH PINE ISLAND

Suite, Apt. #, etc.

ROAD SUITE 248

City & State

PLANTATION FLORIDA

Zip

33324

Country

U.S.A

3. Mailing Address

300 SOUTH PINE ISLAND

Suite, Apt. #, etc.

ROAD SUITE 248

City & State

PLANTATION FLORIDA

Zip

33324

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

010739018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOGBO, CHUCK P.A.
2800 W OAKLAND PARK BLVD, STE 209
OAKLAND PARK, FL 33311

7. Name and Address of New Registered Agent

Name

INNOCENT O. CHINWEZE

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

300 SOUTH PINE ISLAND ROAD SUITE

248

City

PLANTATION

FL

Zip Code

33324

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

Innocent O Chinweze INNOCENT O CHINWEZE President & Registered agent. 4/29/03

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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	P	<input type="checkbox"/> Delete
NAME	CHINWEZE, INNOCENT O	
STREET ADDRESS	612 SW 76 TERR	
CITY-ST-ZIP	N LAUDERDALE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

Innocent O Chinweze INNOCENT O CHINWEZE

4/29/03

954-452-435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #