

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90941 019 ***150.00

DOCUMENT # P02000090061

1. Entity Name
M. P. RIZZO AND ASSOCIATES, P.A.



Principal Place of Business
**1031 IVES DAIRY RD
SUITE 228
MIAMI FL 33179**

Mailing Address
**1031 IVES DAIRY RD
SUITE 228
MIAMI FL 33179**

2. Principal Place of Business

3410 STATION LANE

Suite, Apt. #, etc.

3. Mailing Address

3410 STATION LANE

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

06-1661145

Applied For

Not Applicable

Zip
33331

Country
BROWARD

Zip
33331

Country
BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIZZO, MICHAEL P
1031-IVES DAIRY RD STE-220
MIAMI FL 33179**

7. Name and Address of New Registered Agent

**2900 South Commerce Parkway
Weston, FL
33331**

Name

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

3410 STATION LANE

City

WESTON

FL

Zip Code

33331

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 \$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

TITLE **DP** ☐ Delete
NAME **RIZZO, MICHAEL P**
STREET ADDRESS **1031 IVES DAIRY RD STE 228**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **SIGN MICHAEL P RIZZO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/03

Daytime Phone #

954 888 6363

CR2E034 (10/02)