

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90094 042 ***150.00

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DOCUMENT # P02000101899

1. Entity Name
ALEXIS S. DISBROW, P.A.



Principal Place of Business
2255 GLADES ROAD STE 234 W
BOCA RATON FL 33431

Mailing Address
1000 RIVER REACH DRIVE.. #315
FORT LAUDERDALE FL 33315



2. Principal Place of Business
5499 N. Federal Highway
Suite, Apt. #, etc.
N

3. Mailing Address
5499 N. FEDERAL Highway
Suite, Apt. #, etc.
N

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number
020644984

Applied For
Not Applicable

Zip Country
33487 USA

Zip Country
33487 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Alexis Disbrow
Street Address (P.O. Box Number is Not Acceptable)
5499 N. FEDERAL Highway
Suite N
City Boca Raton FL Zip Code 33487

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 Alexis Disbrow 4/3/03
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

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD DISBROW, ALEXIS S 2255 GLADES ROAD STE 234 W BOCA RATON FL 33431 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Disbrow, Alexis S. 5499 N. FEDERAL Highway Suite N Boca Raton FL 33487 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input checked="" 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 501 750-5200
Date Daytime Phone #

CR2E034 (10/02)