

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90286 005 ***150.00

DOCUMENT # P02000103054

1. Entity Name
PAUL F. ANQUEIRA, P.A.



Principal Place of Business
**2200 W. COMMERCIAL BLVD., SUITE 102
FT. LAUDERDALE FL 33309**

Mailing Address
**2200 W. COMMERCIAL BLVD., SUITE 102
FT. LAUDERDALE FL 33309**

55041057



2. Principal Place of Business
11874 SW 120 St
Suite, Apt. #, etc.
1

3. Mailing Address
5PMG
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL 33186
Zip
33186 Country
U.S.

City & State
Zip
Country

4. FEI Number
83-0343209
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ANGUEIRA, PAUL F ESQ.
2200 W. COMMERCIAL BLVD., SUITE 102
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent
Name
SAME
Street Address (P.O. Box Number is Not Acceptable)
2050 CORAL WAY, SUITE 400
City
MIAMI FL Zip
33145

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]** DATE **3/14/03**
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]** DATE **3/14/03** 305 279-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)