

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90054 049 \*\*\*150.00

DOCUMENT # P02000110986

1. Entity Name

T. RENEE GORDON PA



Principal Place of Business

3300 N.W. 27TH AVE.  
SUITE 222  
MIAMI FL 33142

Mailing Address

3300 N.W. 27TH AVE.  
SUITE 222  
MIAMI FL 33142

2. Principal Place of Business

99 N.W. 183 Street

3. Mailing Address

99 N.W. 183 Street

Suite, Apt. #, etc.

Suite 240

City & State

Miami, Fla

Zip

33169

Country

USA

Suite, Apt. #, etc.

Suite 240

City & State

Miami, Fla

Zip

33169

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1033312

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDON, T. RENEE

20122 EAST OAKMONT CIRCLE

MIAMI FL 33015

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  
NAME GORDON, T. RENEE  
STREET ADDRESS 20122 EAST OAKMONT CIRCLE  
CITY-ST-ZIP MIAMI FL 33015

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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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)(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*

8/10/03 (305)652-3923

CR2E034 (4/03)

*Attachment*

*80146852*  
*#P0200010586*

*T. Renee Gordon*  
*99 N.W. 183<sup>rd</sup> Street, Ste 240*  
*Miami, Fla. 33169*

*Telephone (305) 652-3923*

*Facsimile (305) 652-3993*

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August 5, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302

Dear Sir/Madam

Unfortunately my 2003 Uniform Business Report was sent to an old address. The address 3300 N.W. 27<sup>th</sup> Ave, Miami, Fl. 33142 is not my current address. Monday, August 4, an employee of my old firm stated that she found a letter that had been discarded. She thought it was important and called me.

Please correct my business address. I have changed it on the form and I am including it in this letter (see letterhead). I spoke with a representative today, he informed me that I should write to you and explained the problem. In addition, he told me to include 150.00 filing fee.

Thank you for your attention to the matter. If there are any questions or concerns, please contact me as soon as possible.

Sincerely,

*T. Renee Gordon*

T. Renee Gordon