

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

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90153 026 ***150.00

DOCUMENT # **P02000111563**

1. Entity Name

Arthur J. Furia, P.A.



DO NOT WRITE IN THIS SPACE

10064925

2. Principal Place of Business

1717 N. Bayshore Drive

Suite, Apt. #, etc.

4057

City & State

MIAMI, FL

Zip

33132

Country

USA

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

4057

City & State

MIAMI, FL

Zip

33132

Country

USA

4. FEI Number

52-2382108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VALDES PAULI Corporate Services

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

One Biscayne Tower Suite 3400

2 S. Biscayne bld

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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

Arthur J. Furia

Arthur J. Furia, officer

4/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
**D
FURIA, ARTHUR J
1717 N. Bayshore #4057
MIAMI, FL 33132**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur J. Furia, Director

4/7/03

(305) 376 6092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)