

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90346 001 \*\*\*150.00

0155826  
AV

**DOCUMENT # P02000118866**

**1. Entity Name**  
**BARBARA SMALL, P.A.**



**Principal Place of Business**  
**2875 NE 191 STREET**  
**102**  
**AVENTURA FL 33180**

**Mailing Address**  
**3800 S. OCEAN DRIVE**  
**1202**  
**HOLLYWOOD FL 33019**

11050400



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

47-0895 917

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SMALL, BARBARA**  
**3800 S. OCEAN DRIVE**  
**1202**  
**HOLLYWOOD FL 33019**

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 \$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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**P SMALL, BARBARA**  
**3800 S. OCEAN DRIVE #1202**  
**HOLLYWOOD FL 33019**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change

☐ Addition

**TITLE**  
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☐ Delete

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☐ 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:**

*Barbara Small*  
**BARBARA SMALL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04 305-692-5927

CR2E034 (10/02)