

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 044 ***150.00

DOCUMENT # P02000123647 ^{NC} ₂

1. Entity Name
~~TERESA G. SOSBY, P.A.~~

TERESA GAIL SOSBY, P.A.



Principal Place of Business
410 CALIGULA AVE
CORAL GABLES FL 33146

Mailing Address
410 CALIGULA AVE
CORAL GABLES FL 33146

2. Principal Place of Business
~~2987 Jackson Ave~~
Suite, Apt. #, etc.

3. Mailing Address
~~2987 Jackson Ave~~
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33133

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Miami, FL
Zip
33133

4. FEI Number
59-2826542

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LORETTA FABRICANT, CPA, PA~~
~~100 SE 2ND STREET~~
~~STE 3910~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
Teresa Gail Sosby
2967 Jackson Ave
Miami, FL 33133

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE **Teresa Gail Sosby**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/24/03 **4/30/03**
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

TITLE **P/T/S/D** ☐ Delete
NAME **SOSBY, TERESA GAIL**
STREET ADDRESS **410 CALIGULA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T/S/D** ☐ Change ☒ Addition
NAME **Teresa Gail Sosby**
STREET ADDRESS **410 Caligula Ave.**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Teresa Gail Sosby**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa Gail Sosby **4/24/03** **305**
President **4/30/03** **603-0130**
Date Daytime Phone

CR2E034 (10/02)