

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124554

1. Entity Name
MARK T. GUARIGLIA, P.A.



FILED

03 SEP -3 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1111 LINCOLN ROAD
SUITE 802
MIAMI BEACH FL 33139

Mailing Address
1111 LINCOLN ROAD
SUITE 802
MIAMI BEACH FL 33139

2. Principal Place of Business
333 ARTHUR Godfrey Road
Suite, Apt. #, etc.
Suite 600

3. Mailing Address
333 ARTHUR Godfrey Road
Suite, Apt. #, etc.
Suite 600

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami Beach, FL
Zip
33140
Country
USA

City & State
Miami Beach, FL
Zip
33140
Country
USA

4. FEI Number
04-3770285
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUARIGLIA, MARK T ESQ.
1111 LINCOLN ROAD
SUITE 802
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
Mark T. Guariglia
Street Address (P.O. Box Number is Not Applicable)
333 ARTHUR Godfrey Road
Suite 600
City
Miami Beach FL Zip Code
33140

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 *Mark T. Guariglia*

8/13/03

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GUARIGLIA, MARK T ESQ.
1111 LINCOLN ROAD
MIAMI BEACH FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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
P
Mark T. Guariglia ☒ Change ☐ Addition
333 ARTHUR Godfrey Road, Suite 600
Miami Beach, FL 33140

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600022727675 ☐ Change ☐ Addition
09/03/03--01010--009 ***\$85.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MM
9/13/03 ☐ 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)(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: *Mark T. Guariglia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/03

(305) 532-9099

Date

Daytime Phone #

CR2E034 (10/02)

0239021 AV