

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

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000080389
1. Entity Name John Incorvaia, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 655 NW 128 Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33168	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0728503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name John Incorvaia	
Street Address (P.O. Box Number is Not Acceptable) 655 NW 128 Street	
City Miami	FL Zip Code 33168

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

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 ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD	NAME John Incorvaia
STREET ADDRESS 655 NW 128 Street	
CITY-ST-ZIP Miami, FL 33168	

11.

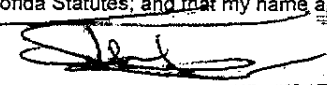
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000208620
02/02/05-80001-019 150.00

**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 John Incorvaia, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #