## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300000571  1. Entity Name GUY E. MOTZER, P.A.			Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90080 020 ***150.00
Principal Place of Business 200 S. BISCAYNE BLVD. 41 FLOOR MIAMI FL 33131-2398	Mailing Address 200 S. BISCAYNE BLVD. 41 FLOOR MIAMI FL 33131-2398		
2. Principal Place of Business 7777 S. FLAGLER DR Suite, Apt. #, etc. 1900 PHILLIPS POINT W	Suite, Apt. #, etc.	ER DRIVE	DO NOT WRITE IN THIS SPACE
City & State WEST PALM BEACH, 210 210 210 210 210 210 210 210 210 210	City & State		4. FEI Number 65-0382778 Applied For Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Name and Address of C		Name GU	7. Name and Address of New Registered Agent
200 S. BISCAYNE BLVD. 41 FLOOR MIAMI FL 33131-2398		1900 6	PABOX Number is Not Acceptable) PHILLIPS POINT WEST
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.			
SIGNATURE Signaple, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$150.00  10. Flooting Comparing Elements			
Tax filing requirement and elects to do so. (See criteria on back)	<b>-</b>	Pee will be \$550.00	I HUSE UND CONTRIBUTION. L. Added to Fees 1
TITLE D NAME MOTZER, GUY E STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2398	☐ Delete	TITLE PD NAME STREET ADDRESS 77	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	ITITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR