

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90221 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000002823 1. Entity Name STEPHEN R. CHEPENIK, P.A.																															
Principal Place of Business 12515 N KENDALL DR STE 324 MIAMI, FL 33186 US		Mailing Address 12515 N KENDALL DR STE 324 MIAMI, FL 33186 US																													
2. Principal Place of Business 11120 N. Kendall Dr, Suite #200 City & State: Miami, Florida Zip: 33176 Country: US		3. Mailing Address 11120 N. Kendall Dr, Suite #200 City & State: Miami, FL Zip: 33176 Country: US																													
4. FEI Number: 65-0381429		Applied For: ☐ Not Applicable																													
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required		CHECK HERE IF MAKING CHANGES																													
6. Name and Address of Current Registered Agent CHEPENIK, STEPHEN R 12515 NW KENDALL DR. SUITE 324 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 11120 N. Kendall Dr. Suite #200 City: Miami FL Zip Code: 33176																													
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: <u>Stephen R. Chapenik</u> DATE: <u>3/26/2003</u> (Signature of principal, partner, or sole proprietor required when appointing agent; Signature of Registered Agent required when reinstating)																															
FILE NOW!!! FEE IS \$160.00 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE: _____ NAME: CHEPENIK, STEPHEN R CPA STREET ADDRESS: 12515 N KENDALL DR, STE 324 CITY-ST-ZIP: MIAMI, FL </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE: _____ NAME: CHEPENIK, STEPHEN R CPA STREET ADDRESS: 12515 N KENDALL DR, STE 324 CITY-ST-ZIP: MIAMI, FL	☐ Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ </td> <td style="width: 50%; padding: 2px;"> ☒ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> 11120 N. Kendall Dr, Ste 200 Miami, FL 33176 </td> <td></td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☒ Change ☐ Addition	11120 N. Kendall Dr, Ste 200 Miami, FL 33176											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Stephen R. Chapenik, President</u> DATE: <u>3/26/2003</u> (305) 273-8008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															

CP22E034 (10/02)