

**FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90904 047 ***150.00

DOCUMENT # P93000011108

1. Entity Name

PITTS, HANDFIELD & VALENTINE, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4770 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1200

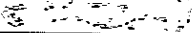
City & State

Miami, Florida

Zip

33137

Country



3. Mailing Address

4770 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 1200

City & State

Miami, Florida

Zip

33137

Country

USA

4. FEI Number

65-0395326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CLINTON J. PITTS

Street Address (P.O. Box Number is Not Acceptable)

4770 Biscayne Blvd., Suite 1200

City

Miami

FL

Zip Code

33137

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLINTON J. PITTS
4770 Biscayne Blvd., Suite 1200
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LARRY R. HANDFIELD
4770 Biscayne Blvd., Suite 1200
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)