

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90023 042 ***150.00

DOCUMENT # P93000011225

1. Entity Name

PAUL L. GLANCE, P.A.

Principal Place of Business

~~4206 LAGUNA STREET., STE C~~
~~CORAL GABLES FL 33146~~
 US

Please Change

Mailing Address

~~4206 LAGUNA STREET., STE C~~
~~CORAL GABLES FL 33146~~
 US

2. Principal Place of Business

3. Mailing Address

S
8410 NW 53rd Terr. #119
Miami FL 33166

8410 NW 53rd Terr. #119
Miami FL 33166

Zip

Country

Zip

Country

4. FEI Number

59-1697498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GLANCE, PAUL L
4206 LAGUNA STREET., STE C
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**
 NAME **GLANCE, PAUL L**
 STREET ADDRESS **4206 LAGUNA STREET., STE C**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

☐ Delete

Please Change

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **8410 NW 53rd Terr. #119**
Miami FL 33166

☒ Change ☐ Addition

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☐ 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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/02 305-553-2112

CR2E034 (9/01)