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

## P93000011225 **DOCUMENT #**



**FILED** Feb 24, 2003 8:00 am Secretary of State

1. Entity Nar PAUL L.	P.A.					02-24-2003 9	0172 042 *	***150	.00		
Principal Place of Business 8410 NW 53RD TERR #119 MIAMI FL 33166 US			Mailing Address 8410 NW 53RD TERR #119 MIAMI FL 33166 US			7					
2. Principal I	Place of Busin	ness	3. Mailing	Address		-		CONTRACTOR		NÊCH BEN (BB)	
Suite, Apt	·		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-1697498			Applied For Not Applicable	
Zip		Country	Zip		Country		5. Certificate of Status Desired		.75 Add	ditional	1
	6. Name	and Address of Current	Registered A	Agent			7. Name and Address of New Re				┪
01 41105	BALL I				Name						7
Glance, Paul L 4206 Laguna Street., Ste C					Street Add	ress (P.	O. Box Number is Not Acceptable)	· · ·			1
CORAL GABLES FL 33146											1
					City			FL	Zip Cod	e	1
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	r the purpose	of changing its re	egistered office or re	gistered	d agent, or both, in the State of Flor	ida. I am fami	liar with,	and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicab	ele. (NOTE:	Registered Agent signature n	equired wl	hen reinstaling)	DATE			
Afte	ILE NOW!! r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o					9. Election Campaign Fina Trust Fund Contribution.	-	\$5.0 Added	<b>0</b> May Be I to Fees	
10.		OFFICERS AND	DIRECTORS-	<del></del>	-11,		-ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTOR	5 IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GLANCE, I 8410 NW S MIAMI FL S	PAUL L 53RD TERR #119		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	100/04/ 70/05/
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TITLE NAME STREET ADORESS CITY-ST <sub>E</sub> ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	4
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<ol><li>12. Thereby o</li></ol>	ertity that the	information supplied with	thic filing doc	a not avalify for th	a avamption stated i	a Casa	on 110 07/2\/!\ Clasida Ctatutas 14				1

indicated on this report or 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

305-553-21/2

Daytime Phone #