

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043985

1. Entity Name

DAVID PEARSON ASSOCIATES, INCORPORATED

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90042 013 ***150.00

Principal Place of Business

255 ALHAMBRA CIRCLE, STE 500
CORAL GABLES FL 33134
US

Mailing Address

255 ALHAMBRA CIRCLE, STE 500
CORAL GABLES FL 33146-1811
US

2. Principal Place of Business

241 SEVILLA AVE

Suite, Apt. #, etc.

1006

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Address

241 SEVILLA AVE

Suite, Apt. #, etc.

1006

City & State

CORAL GABLES FL

Zip

33134

Country

USA

4. FEI Number

65-0418472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEARSON, DAVID

255 ALHAMBRA CIRCLE, STE 500
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

DAVID PEARSON

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

241 SEVILLA AVE # 1006

City

CORAL GABLES

FL

Zip Code
33134

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)

DAVID PEARSON

1/10/00

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, 2000 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

TITLE P ☐ Delete

NAME PEARSON, DAVID
STREET ADDRESS 255 ALHAMBRA CIRCLE, STE 500
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE S ☐ Delete

NAME PEARSON, CHRISTOPHER
STREET ADDRESS 255 ALHAMBRA CIRCLE, STE 500
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ Delete

NAME PEARSON, ANNE B
STREET ADDRESS 255 ALHAMBRA CIRCLE, STE 500
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 241 SEVILLA AVE # 1006
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 241 SEVILLA AVE # 1006
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 241 SEVILLA AVE # 1006
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 305-448-
Date Daytime Phone # 5949