FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90123 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J00070228

DOCUMENT # P93000063675

1. Entity Name
MIRJA I SIPARI, P.A.

Principal Place of Business	Mailing Address
5435 RATTLESNAKE HAMMOCK RD E 203 NAPLES, FL 34113 US	5435 RATTLESNAKE HAMMOCK RD E 203 NAPLES, FL 34113 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2000 N. 38TH AV	48 TIMBERGATE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: LAWRENCEVILLE, GA
Zip: 33021 Country: BROWARD	Zip: 30045 Country: GWINNETT

4. FEI Number 65-0438977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIPARI, MIRJA I 5435 RATTLESNAKE HAMMOCK RD E 203 NAPLES, FL 34113	Name Street Address (P.O. Box Number Is Not Acceptable): 2000 N. 38 TH AV City: HOLLYWOOD FL Zip Code: 33021

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 [signature] MIRJA I SIPARI 3-27-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $150.00 After May 1, 2003 Fee Will Be $550.00 Make Check Payable to Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIPARI, MIRJA I 5435 RATTLESNAKE HAMMOCK RD E203 NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2000 N 38TH AV HOLLYWOOD, FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 3-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #