

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90058 017 ***150.00

DOCUMENT # P93000079156

1. Entity Name

LAW OFFICES OF DONALD T. RYCE, P.A.



Principal Place of Business

333 41ST STREET

714

MIAMI BEACH FL 33140

US

Mailing Address

333 41ST STREET

714

MIAMI BEACH FL 33140

US

2. Principal Place of Business

1111 Kane Concourse

Suite, Apt. #, etc.

Suite 305

City & State

Bay Harbor Islands FL

Zip

33154

Country

USA

3. Mailing Address

1111 Kane Concourse

Suite, Apt. #, etc.

Suite 305

City & State

Bay Harbor Islands FL

Zip

33154

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0451119

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYCE, DONALD T JR.

333 41 ST STREET

714

MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

RYCE DONALD T. JR.

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

1111 Kane Concourse Suite 305

City

Bay Harbor Islands

FL

Zip Code

33154

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 of registered agent and name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE **3/3/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RYCE, DONALD T JR.	
STREET ADDRESS	333 ARTHUR GODFREY RD SUITE 714	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYCE, CLAUDINE	
STREET ADDRESS	333 ARTHUR GODFREY RD SUITE 714	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

CLAUDINE RYCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 305-864-7001

Date

Daytime Phone #

CR2E034 (10/02)