FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90036 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080224

1. Entity Name
ARNOLD ROCKFORD, ESQUIRE, P.A.

90130837

Principal Place of Business	Mailing Address
6175 N.W 153RD ST STE 120 HIALEAH, FL 33014 US	6175 N.W 153RD ST STE 120 HIALEAH, FL 33014 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9260 Sunset Drive	15476 N.W. 77 Court
Suite, Apt. #, etc. No. 219	Suite, Apt. #, etc. No. 401
City & State Miami, Fla.	City & State Miami Lakes, Fla.
Zip 33173 Country USA	Zip 33016 Country USA

4. FEI Number 59-3211440 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ROCKFORD, ARNOLD ESQ.
6175 N.W 153 STREET, STE 120
HIALEAH, FL 33014

7. Name and Address of New Registered Agent
Name Arnold Rockford, Esq.
Street Address (P.O. Box Number Is Not Acceptable) 15476 N.W. 77 Court No. 401
City Miami Lakes FL Zip Code 33016

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 ______ 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROCKFORD, ARNOLD 6175 NW 153RD ST STE 120 MIAMI LAKES, FL 330142435	☐ 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: ______ 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #