| 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000088516 1. Entity Name CARLA L. BROWN HARWARD, P.A. | | | | FILED Jan 18, 2001 8:00 am Secretary of State 01-18-2001 90003 034 ***150.00 | | |
|--|--|--|---|---|----------------------------------|--|
| Principal Place of Business 301 CLEMATIS ST SUITE 203 W PALM BEACH FL 33401 US | | Mailing Address 301 CLEMATIS ST SUITE 203 W PALM BEACH FL 33401 US | | | 1614 BER 1881 | |
| 2. Principal Place of Business 330 Clem AT15 ST Suite, Apt. #, etc. | | 3. Mailing Address \$30 Clematis St Suite, Apt, #, etc. 211 | | DO NOT WRITE IN THIS SPACE | | |
| STE 211 City & State W Polm Beach TE | | W. Palm Beach, Fr | | 0071404042 | Applied For | |
| | Country | Zip 33401 | Country US | 5 Certificate of Status Desired S8.75 A | | |
| 33401 | 6. Name and Address of Current R | • 1 | <u> </u> | 7. Name and Address of New Registered Agent | red | |
| 301 C Suite | VN HARWARD, CARLA L CLEMATIS ST : 203 LM BEACH FL 33401 | | | ss (P.O. Box Number is Not Acceptable) 1 5th 21 | | |
| SIGNATURE _ | named entity submits this statement for | - Haward | | | .00 May Be | |
| (See criteri | equirement and elects to do so. | Make Check Payable | | Trust Fund Contribution. | ed to Fees | |
| NAME Street address | DPST BROWN HARWARD, CARLA L 301 CLEMATIS ST, SUITE 203 W PALM BEACH FL 33401 | Delete | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Change 330 CLAMATTIS ST, SWITE 211 J. Palm Beach FL 33401 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | / □ Change | | |
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| indicated of the corp | on this report or supplemental report is t | true and accurate and that my wered to execute this report a ith all other like empowered. | y signature shall have the signature of | Section 119.07(3)(i), Florida Statutes. I further certify that the he same legal effect as if made under oath; that I am an offic 607, Florida Statutes; and that my name appears in Block 11 | er or director or Block 12 if | |
| SIGNAT | URE: Call of SIGNATURE AND TYPED OR PR | INTERNAME OF SIGNING OFFICER O | R DIRECTOR | 1-8-01 561-83; | | |