

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90680 020 ***150.00

DOCUMENT # P94000008944



1. Entity Name
PIERCE H. MULLALLY, ESQ., P.A.

Principal Place of Business
**8410 N.W. 53RD TERRACE
SUITE 111
MIAMI FL 33136**

Mailing Address
**8410 N.W. 53RD TERRACE
SUITE 111
MIAMI FL 33136**



2. Principal Place of Business
179 NE 96 Street
Suite, Apt. #, etc.
179 NE 96 Street
City & State
Miami Shores Florida
Zip
33138 Country

3. Mailing Address
179 NE 96 Street
Suite, Apt. #, etc.
179 NE 96 Street
City & State
Miami Shores Florida
Zip
33138 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0478809** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MULLALLY, PIERCE H **Pierce H. Mullally**
8410 N.W. 53RD TERRACE **179 NE 96th Street**
SUITE 111 **Miami Shores FL 33136**
MIAMI FL 33136

7. Name and Address of New Registered Agent
Name **Pierce H. Mullally**
Street Address (P.O. Box Number is Not Acceptable)
179 N.E. 96th Street
179 N.E. 96th Street
City **Miami Shores** **FL** Zip Code **33138**

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 *Pierce H. Mullally* **Jan. 8, 2003**
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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another life empowered.

SIGNATURE: *Pierce H. Mullally* **Jan. 8, 2003** **305 754-8170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachments

70007968

894000004944

We moved our
office on
July 15th, 2002
Full