

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0204396 AV

DOCUMENT # P94000015360

1. Entity Name

LAURA M. FABAR, P.A.

02-26-2002 90063 049 ***150.00

Principal Place of Business

100 S BISCAYNE BLVD.
 SUITE 800
 MIAMI FL 33131

Mailing Address

100 S BISCAYNE BLVD.
 SUITE 800
 MIAMI FL 33131



2. Principal Place of Business

999 Ponce de Leon Blvd

3. Mailing Address

999 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 565

Suite, Apt. #, etc.

Suite 565

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0482937

Applied For

Not Applicable

Zip

Country

33134-3037 USA

Zip

Country

33137-3037 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABAR, LAURA M

100 S BISCAYNE BLVD # 800

MIAMI FL 33131

NEW ADDRESS →

7. Name and Address of New Registered Agent

Name LAURA M. FABAR

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

999 PONCE DE LEON BLVD.

SUITE 565

City CORAL GABLES

FL

Zip Code

33134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
 NAME FABAR, LAURA M
 STREET ADDRESS 100 BISCAYNE BLVD STE 800
 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME FABAR, LAURA M. ☒ Change ☐ Addition
 STREET ADDRESS 999 PONCE DE LEON BLVD, #565
 CITY-ST-ZIP CORAL GABLES, FL 33134-3037

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02 305 4417650
 Date Daytime Phone #

CR2E034 (9/01)