

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056877 (1)

1. Corporation Name

TERRI GRUMER SONN, P.A.

Principal Place of Business

**2430 NE 202ND ST
MIAMI FL 33180**

Mailing Address

**2430 NE 202ND ST
MIAMI FL 33180**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0524039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SONN, JEFFREY R

**200 S BISCAYNE BLVD SUITE 2350
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

2430 N.E. 202nd St.

83

84

City

Miami, FL

FL

85

Zip Code

33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

**Director, Pres.
Terri Grumer Sonn
2430 N.E. 202nd St.
Miami, FL 33180**

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
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STREET ADDRESS

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TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**Director, Pres.
Terri Grumer Sonn
2430 N.E. 202nd St.
Miami, FL 33180**

21 TITLE
22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE
32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE
42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE
52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE
62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Terri Grumer Sonn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/95 (305) 576-1300

Signature (Block 14)