

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 SEP 17 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064604
1. Entity Name ROBERT AMARA P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23201 BOCA CLUB COLONY CIR Suite, Apt. #, etc.
3. Mailing Address 23201 BOCA CLUB COLONY CIR Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BOCA RATON FL City & State BOCA RATON FL
Zip 33433 Country US Zip 33433 Country US

4. FEI Number 65-0386290 Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT AMARA
Street Address (P.O. Box Number is Not Acceptable) 23201 BOCA CLUB COLONY CIR
City BOCA RATON FL Zip Code 33433

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] ROBERT AMARA DATE 9/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>AD</u>
NAME	<u>AMARA ROBERT</u>
STREET ADDRESS	<u>23201 BOCA CLUB COLONY CIR</u>
CITY-ST-ZIP	<u>BOCA RATON FL 33433</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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***150.00 ***150.00

**DO NOT WRITE
IN THIS SPACE**

[Signature] 9/10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ROBERT AMARA DATE 9/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

23201 Boca Club Colony Circle
Boca Raton, FL 33433

September 10th, 2002

Secretary of State
PO Box 6327
Tallahassee, FL 32314

RE: Robert Amaral, P. A.

To Whom It May Concern:

Enclosed please a check in the amount of \$150.00 to cover the cost of the 2002 Uniform Business Report filing fee for the above named Corporation.

We are requesting that you wave the \$400.00 late fee because we never received the original or second notice of the uniform business report due to our move to a new address.

Sincerely,

Robert Amaral