

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91036 007 \*\*\*150.00

**DOCUMENT # P95000012004**

1. Entity Name  
**CALVIN F. DAVID, P.A.**



Principal Place of Business  
**2000 TOWERSIDE TERRACE**  
**TSA**  
**MIAMI FL 33138**  
**0**

Mailing Address  
**POST OFFICE BOX 331730**  
**MIAMI FL 33233**



2. Principal Place of Business  
**1581 Brickell Ave**

3. Mailing Address  
**1581 Brickell Ave**

Suite, Apt. #, etc.  
**# 1603**

Suite, Apt. #, etc.  
**# 1603**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33129**

Country  
**US**

Zip  
**33129**

Country  
**US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0550888**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVID, SPENCER J**  
**2000 TOWERSIDE TERRACE**  
**TSA**  
**MIAMI FL 33138**

**7. Name and Address of New Registered Agent**

Name **Calvin David**  
Street Address (P.O. Box Number is Not Acceptable)  
**1581 Brickell Ave.**  
**# 1603**  
City **MIAMI** FL **33129**

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 **Calvin David**

**Calvin David**

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVID, CALVIN F</b> <b>2000 TOWERSIDE TERRACE</b> <b>MIAMI FL 33138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID, CALVIN</b> <b>1581 BRICKELL AVE</b> <b>#1603, MIAMI, FL 33129</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/4/03**

Date

**786 314 5877**

Daytime Phone #

CR2E034 (10/02)