2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000076455

1. Entity Name

BRAD STEVEN FLEET, P.A.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91374 046 ***150.00

Principal Place of Business 1111 LINCOLN ROAD MALL PENTHOUSE 802 MIAMI BEACH FL 33139				Mailing Address 1111 LINCOLN ROAD MALL PENTHOUSE 802 MIAMI BEACH FL 33139							
2. Principal Place of Business			3. Mailing Address				Ì		ii aniil anii		#15#1 #541 L##1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	FEI Number 65-0634176			pplied For ot Applicable
Zip	Country				itry	5. Certificate of Status Desired		\$8.75 Ad Fee Require	\$8.75 Additional Fee Required		
6. Name and Address of Current R				gistered Agent			7Name and Address of New Registered Agent				
						Name					
FILINGS, INC.					Street Address (P.O. Box Number is Not Acceptable)						
3732 N.W. 16TH STREET											
FORT LAU	-L 33311										
		City				F	L Zip Coo	de			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NÓW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fli Trust Fund Contribution		\$5.0 Adde	00 May Be d to Fees
10.		OFFICERS AND (DIRECTO	RS	11.		Α	DDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEET, BRAD S 11111 LINCOLN ROAD MALL PENTI MIAMI BEACH FL 33139			□ Delete		T ADDRESS ST-ZIP		,	•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		00112 00100		☐ Delete	TITLE NAM STRE	<u> </u>				☐ Change	Addition
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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 receive or the stee emported 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 a paddress, with a paddress, with a paddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Daytime Phone i