

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90024 014 \*\*\*150.00

**DOCUMENT # P95000079065**

1. Entity Name

THE LAW OFFICE'S OF FRANK TORAL, P.A.

Principal Place of Business

400 S.E. 9TH ST  
FORT LAUDERDALE FL 33316  
US

Mailing Address

400 S.E. 9TH ST  
FORT LAUDERDALE FL 33316  
US

2. Principal Place of Business

1920 E. Hallandale Beach Blvd.  
Suite, Apt. #, etc.  
704

3. Mailing Address

1920 E. Hallandale Beach  
Suite, Apt. #, etc.  
704

City & State

Hallandale Beach, FL

City & State

Hallandale Beach, FL

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0612452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORAL, FRANK  
524 SOUTH ADAMS AVE  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

1920 E. Hallandale Beach Blvd. #704  
City Hallandale Beach FL Zip Code 33009

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

1/14/02

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 D ☐ Delete  
NAME TORAL, FRANK  
STREET ADDRESS 400 S.E. 9TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Address ONLY: ☒ Change ☐ Addition  
NAME 1920 E. Hallandale Beach Blvd #704  
STREET ADDRESS Hallandale Beach, Fla. 33009  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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)(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

Date

Daytime Phone #

1/14/02 (954)455-4220

CR2E034 (9/01)