

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90200 010 \*\*\*150.00

006071 AV

DOCUMENT # **P95000081991**



1. Entity Name  
**FRANK O. SOCARRAS, P.A.**

Principal Place of Business  
**201 ALHAMBRA CIRCLE  
STE 901  
CORAL GABLES FL 33134  
US**

Mailing Address  
**6235 SW 113 ST  
PINECREST FL 33156  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**8725 NW 18 Terr.**

3. Mailing Address

Suite, Apt. #, etc.  
**# 211 B**

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State

4. FEI Number **65-0624266**

Applied For  
Not Applicable

Zip  
**33172**

Country  
**U.S.A.**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOCARRAS, FRANK O  
6235 SW 113 STREET  
PINECREST FL 33156**

Name

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

City

**FL**

Zip Code

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
SOCARRAS, FRANK O  
6235 SW 113 STREET  
PINECREST FL 33156**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
SOCARRAS, MAYDA  
6235 SW 113 STREET  
PINECREST FL 33156**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/11/03** (305) 436-0403  
Daytime Phone #

CR20034 (11/02)