

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90072 023 ***150.00

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DOCUMENT # **P96000010606**

1. Entity Name
LAW OFFICE OF VENE' M. HAMILTON, P.A.



Principal Place of Business
**269 N. UNIVERSITY DRIVE
PEM.BROKE PINES FL 33024**

Mailing Address
**269 N. UNIVERSITY DRIVE
PEM.BROKE PINES FL 33024**



2. Principal Place of Business
9050 PINES BOULEVARD

3. Mailing Address
9050 PINES BOULEVARD

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES

City & State
PEMBROKE PINES

4. FEI Number **65-0651632**

Applied For
Not Applicable

Zip **33024** Country **BROWARD**

Zip **33024** Country **BROWARD**

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

**HAMILTON, VENE M
269 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024**

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 *Vene M Hamilton*

DATE **04/26/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D HAMILTON, VENE M 269 N. UNIVERSITY DR. PEMBROKE PINES FL 33024	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Vene M Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/26/2003** (954) 442-1099
Daytime Phone #

CR2E034 (10/02)