

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90122 020 ***150.00

DOCUMENT # P96000013713

1. Entity Name
POE & POE ASSOCIATES, INC.

Principal Place of Business

16425 SW 89TH AVENUE
 MIAMI FL 33157

Mailing Address

16681 SW 84 CT
 MIAMI FL 33157
 US

2. Principal Place of Business

16681 SW 84 CT
 Suite, Apt. #, etc.

MIAMI FL
 City & State

3. Mailing Address

16681 SW 84 CT
 Suite, Apt. #, etc.

MIAMI FL
 City & State

Zip
 33157
 Country
 U.S.A.

Zip
 33157
 Country
 U.S.A.

4. FEI Number
 65-0642047

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POE, JAMES R
 16681 SW 84 CT
 MIAMI FL 33157

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P POE, JAMES R. 16681 SW 84TH CT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POE, MARY ALICE 16681 SW 84TH CT MIAMI FL	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02

Date Daytime Phone #

CR2E034 (4/02)



Poe & Poe Associates Inc.
Yacht Brokerage

16681 SW 84 Ct. • Miami, FL 33157

Phone: (305) 971-1279

Fax: (305) 234-8265

Attachment

P96000013713

JULY 22, 2002

ENCLOSED PLEASE FIND OUR CHECK IN THE AMOUNT OF \$150.00. THIS IS THE FIRST NOTICE WE RECEIVED. THE INITIAL NOTICE MUST HAVE BEEN LOST IN THE MAIL. WE _____ KNOW THE IMPORTANCE OF FILING ON TIME AND WOULD NOT HAVE LET THIS GO UNPAID OR FILED. THANK YOU FOR ANY ASSISTANCE YOU CAN GIVE IN THIS MATTER.

SINCERELY,


JAMES R. POE