2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90013 003 ***150.00

DOCUMENT # P96000036571

1. Entity Name
PAYER & TWOMBLY, P.A.

Principal Place of Business
1999 SW 27 AVE
2ND FLOOR
MIAMI FL 33145

Mailing Address
6355 SW 28TH STREET
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address: 9533 Bay Dr.
Suite, Apt. #, etc.
City & State: Surfside, FL
Zip: 33154
Country: USA

4. FEI Number 65-0669073 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PAYER, JAMES D
6355 SW 28TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent
Name: PAYER, JAMES D.
Street Address (P.O. Box Number is Not Acceptable): 9533 Bay Drive
City: Surfside FL Zip Code: 33154

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: JAMES D. PAYER — 1/14/02
Signature, typed or printed name of registered agent and title if applicable. (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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PAYER, JAMES D	NAME	
STREET ADDRESS	~~6355 SW 28TH STREET~~	STREET ADDRESS	9533 Bay Dr.
CITY-ST-ZIP	~~MIAMI FL 33155~~	CITY-ST-ZIP	Surfside, FL 33154
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	TWOMBLY, ROBERT Y	NAME	
STREET ADDRESS	~~1999 SW 27 2ND FLOOR~~	STREET ADDRESS	9441 Bay Drive
CITY-ST-ZIP	~~MIAMI FL 33145~~	CITY-ST-ZIP	Surfside, FL 33154
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED — 1/14/02 — (305) 868-7344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)