

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90212 001 ***150.00

DOCUMENT # P96000039299

1. Entity Name
DENNIS NOWAK, P.A.



Principal Place of Business
**201 S. BISCAYNE BLVD.
SUITE 2960
MIAMI FL 33131
US**

Mailing Address
**201 S. BISCAYNE BLVD.
SUITE 2960
MIAMI FL 33131
US**

00013131



2. Principal Place of Business
201 S. BISCAYNE BLVD.

3. Mailing Address
201 S. BISCAYNE BLVD.

Suite, Apt. #, etc.
26TH FLOOR

Suite, Apt. #, etc.
26TH FLOOR

City & State
MIAMI, FL.

City & State
MIAMI, FL.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0672395

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

6. Name and Address of Current Registered Agent

**NOWAK, DENNIS
201 S. BISCAYNE BLVD.
SUITE 2960
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
DENNIS NOWAK
Street Address (P.O. Box Number is Not Acceptable)
**201 S. BISCAYNE BLVD.
26TH FLOOR**
City
MIAMI FL Zip Code
33131

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
**D
NOWAK, DENNIS
201 S BISCAYNE BLVD STE 2960
MIAMI FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
201 S. BISCAYNE BLVD. 26TH FLOOR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ 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:

DENNIS NOWAK 1/22/03 305-536-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)