

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90154 003 ***150.00

DOCUMENT # P96000052566

1. Entity Name
PATRICIA B. MORALES, P.A.



Principal Place of Business
2989 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33309
US

Mailing Address
3900 N OCEAN DRIVE
9 G
FT. LAUDERDALE FL 33308
US

2. Principal Place of Business

3. Mailing Address

1360 N Ocean Blvd
#506

Pompano Beach

33062 BROWARD



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0671874

Applied For
Not Applicable

Zip

Country

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

MORALES, PATRICIA B
3900 N OCEAN DRIVE
#9G
FORT LAUDERDALE FL 33308

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 obligation of, registered agent.

SIGNATURE

Patricia Morales Blanchette PA
Signature, typed or printed name of registered agent and file 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 **P** ☐ Delete
NAME **MORALES, PATRICIA B**
STREET ADDRESS **2989 W COMMERCIAL BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **Patricia Morales** ☒ Change ☐ Addition
NAME **Blanchette**
STREET ADDRESS **1360 S. Ocean Blvd #506**
CITY-ST-ZIP **Pompano Beach FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Patricia Morales Blanchette PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)