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

## **DOCUMENT #**

P96000068600

1. Entity Name

WANDA PISTELLA, P.A.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90014 037 \*\*\*158.75

Principal Place of Business 3001 PONCE DE LEON BLVD. SUITE 262 CORAL GABLES FL 33134 US		<b>3001</b> SUIT	Mailing Address 3001 PONCE DE LEON BLVD. SUITE 262 CORAL GABLES FL 33134 US					
2. Principal Place of Business			3. Mailing Address				I BBIID BIIDI HBIIB BII	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State			FEI Number 65-0688874	65-0688874 Applied For Not Applicable	
	Country	Zip		Country	5.	Certificate of Status Desired	\$8.75 A	dditional
6. Name and Address of Current R			ed Agent	I-:	7.	Name and Address of New Regist		
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CORAL GABLES FL 33134				City			FL Zip Co	de
e named entity tions of regist	submits this statemen	nt for the purp	pose of changing its	registered office or	registered ag	gent, or both, in the State of Florida.	I am familiar with	, and accept
Signature, typed	or printed name of registered ac	nent and title if ann	plicable (NOTE	- Registered Agent signatur	re required when r	(einstaling)	DATE	
oignaid of typod	or printed reality or rogistions as	gont and this it app	I (140)E	riegisteleo Agent signatu	e required when h	enstating)	JAIE	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-253-17k