

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90205 005 ***150.00

DOCUMENT # P96000075606

1. Entity Name
DR. WILLIAM PORTER & ASSOCIATES, P.A.



Principal Place of Business
**12208 PINES BLVD
PEMBROKE PINES FL 33026
US**

Mailing Address
**1907 NW 137 TER
PEMBROKE PINES FL 33028
US**

2. Principal Place of Business

3. Mailing Address

1063 NW 139th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pembroke Pines Florida

Zip

Country

Zip

Country

33028

U.S.

4. FEI Number **65-0702380**

Applied For

Not Applicable

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

**PORTER, WILLIAM R
1907 NW 137 TER
PEMBROKE PINES FL 33028**

→
Same Agent
New address

Name **Porter William R**
Street Address (P.O. Box Number is Not Acceptable)
1063 NW 139th Ter
City **Pembroke Pines** FL Zip Code **33028**

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

2/21/03

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 **D** ☐ Delete
NAME **PORTER, WILLIAM R**
STREET ADDRESS **1907 NW 137 TER**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **Officer** ☐ Change ☒ Addition
NAME **Cristina Leon Porter**
STREET ADDRESS **1063 NW 139th Ter.**
CITY-ST-ZIP **Pembroke Pines FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

2/21/03 **954 441-1165**

Date

Daytime Phone #

CR2E034 (10/02)