

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91689 009 ***150.00

DOCUMENT # P96000076836

1. Entity Name
LAW OFFICES OF JAMES S. USICH, P.A.

Principal Place of Business Mailing Address
~~9100 SOUTH DADELAND BLVD., STE 905~~ ~~9100 SOUTH DADELAND BLVD. STE 905~~
~~MIAMI FL 33156~~ ~~MIAMI FL 33156~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11440 No. KENDALL DRIVE **11440 No. KENDALL DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
201 **201**
 City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33176 **33176**

4. FEI Number **65-0702670** 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
USICH, JAMES S ESQ Name
~~9100 SOUTH DADELAND BLVD., STE 905~~ Street Address (P.O. Box Number is Not Acceptable)
~~MIAMI FL 33156~~ **11440 No. KENDALL DRIVE**
SUITE 201
 City City **MIAMI** **FL** Zip Code **33176**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USICH, JAMES S ESQ		NAME		
STREET ADDRESS	9100 SOUTH DADELAND BLVD., STE 905		STREET ADDRESS	11440 No. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	SUITE 201	
				MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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** **4/29/02(305) 279-5550**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)