

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101187

1. Entity Name

SHEILA LATIMER, P.A.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90092 003 ***550.00

006629 AV



Principal Place of Business

155 S. MIAMI AVE
 PENTHOUSE 1C #10
 MIAMI FL 33130
 US

Mailing Address

155 S. MIAMI AVE
 PENTHOUSE 1C #10
 MIAMI FL 33130
 US

2. Principal Place of Business

111 N.E. First St.
 Suite, Apt. #, etc.
 #300

3. Mailing Address

111 N.E. First St.
 Suite, Apt. #, etc.
 #300

City & State

Miami FL
 Zip 33132
 Country U.S.A.

City & State

Miami FL
 Zip 33132
 Country U.S.A.

4. FEI Number 65-0725114

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATIMER, SHEILA ESQ.
 155 S. MIAMI AVE
 PENTHOUSE 1C #10
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Latimer, Sheila Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 111 N.E. First Street
 Third Floor
 City Miami FL Zip Code 33132

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 *Sheila Latimer*

Signature typed or printed name of registered agent and title if applicable.

Sheila Latimer

(NOTE: Registered Agent signature required when reinstating)

9/12/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE D
 NAME LATIMER, SHEILA ESQ.
 STREET ADDRESS 155 S. MIAMI AVE, PENTHOUSE 1C #10
 CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 NAME
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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Sheila Latimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02 305 323 5723

Date

CR2E034 (4/02)