2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
02-20-2001 90064 034 ***150.00

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DOCUMENT # P97000025606

1. Entity Name
COIA & SUTTON, P.A.

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD. SUITE 770 MIAMI FL 33181	11900 BISCAYNE BLVD. SUITE 770 MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11900 BISCAYNE BLVD		11900 BISCAYNE BLVD	
Suite, Apt. #, etc. SUITE 808		Suite, Apt. #, etc. SUITE 808	
City & State MIAMI, FL		City & State	
Zip 33181	Country USA	Zip	Country

4. FEI Number 65-0757876 ☐ 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
COLA, GLADYS 515 N.E. 95 STREET MIAMI SHORES FL	Name COIA, GLADYS Street Address (P.O. Box Number is Not Acceptable) 1400 NE 101 STREET City MIAMI SHORES FL Zip Code 33138

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P SUTTON, LISA 11900 BISCAYNE BLVD STE 770 MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 11900 BISCAYNE BLVD STE 808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COIA, GLADYS 11900 BISCAYNE BLVD STE 770 MIAMI FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 11900 BISCAYNE BLVD STE 808
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Sutton president LISA SUTTON Pres. 2/14/01 305-891-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #