

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90107 004 ***150.00

DOCUMENT # P97000027157

1. Entity Name
EDWARDS & EDWARDS, P.A., ATTORNEYS AT LAW



Principal Place of Business
444 BRICKELL AVENUE
SUITE 340
MIAMI FL 33131

Mailing Address
444 BRICKELL AVENUE
SUITE 340
MIAMI FL 33131

2. Principal Place of Business

2200 So. Dixie Highway

Suite, Apt. #, etc.
Suite 605

City & State
Miami, FL

Zip
33133

Country
USA

3. Mailing Address

2200 So. Dixie Highway

Suite, Apt. #, etc.
Suite 605

City & State
Miami, FL

Zip
33133

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0739420**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EDWARDS, JEANETTE G
444 BRICKELL AVENUE
SUITE 340
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2200 So. Dixie Highway

Suite 605

City
Miami

FL **Zip Code**
33133

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

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

TITLE **PD** ☐ Delete
NAME **EDWARDS, JEANETTE G**
STREET ADDRESS **444 BRICKELL AVENUE, SUITE 340**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2200 So Dixie Highway, Suite 605**
CITY-ST-ZIP **Miami, FL 33133**

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/03 **305 856 3889**

Date Daytime Phone #

CR2E034 (10/02)