

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90122 017 ***150.00

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DOCUMENT # P97000034735

1. Entity Name
SYDNEY P. SMITH, P.A.



Principal Place of Business
**168 S.E. 1ST
SUITE 606
MIAMI FL 33131**

Mailing Address
**168 S.E. 1ST
SUITE 606
MIAMI FL 33131**



2. Principal Place of Business
25 SE 2ND AVE

3. Mailing Address
25 SE 2ND AVE

Suite, Apt. #, etc.
1036

Suite, Apt. #, etc.
1036

City & State
MIAMI FLA

City & State
MIAMI FLA

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0749055

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

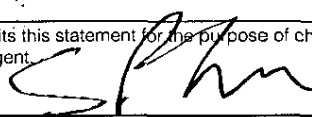
6. Name and Address of Current Registered Agent

**SMITH, SYDNEY P
168 S.E. 1ST
SUITE 606
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **SYDNEY P SMITH**
Street Address (P.O. Box Number is Not Acceptable)
1036 25 SE 2ND AVE # 1036
City **MIAMI** FL Zip Code **33131**

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

4/16/03

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

TITLE **PD** ☐ Delete
NAME **SMITH, SYDNEY P**
STREET ADDRESS **168 S.E. 1 ST SUITE 606**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
CITY-ST-ZIP

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

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NAME
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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

305 438 0099

Date

Daytime Phone #

CR2E034 (10/02)