

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90621 048 ***150.00

DOCUMENT # P97000037713

1. Entity Name

Josephs Jack Miranda McCullough + McKeeown, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2950 SW 27 Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33133

Country

3. Mailing Address

2950 SW 27 Avenue

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

Zip

33133

Country

4. FEI Number

65-0748127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corpro, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2699 S. Bayshore Drive 7th Floor

City

Miami

FL

Zip Code

33133

**DO NOT WRITE
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	Josephs, Michael R.
STREET ADDRESS	2950 SW 27 Ave Suite 100
CITY-ST-ZIP	Miami, FL 33133
TITLE	D
NAME	Jack, Jr. Lewis N.
STREET ADDRESS	2950 SW 27 Ave Suite 100
CITY-ST-ZIP	Miami, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 305-445-3800

Date

Daytime Phone #

CR2E034B (12/01)