

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2002 90038 021 ***150.00

0855473 SP

DOCUMENT # P97000046245

1. Entity Name

CHRISTINE M. MORENO, ATTORNEY, P.A.

Principal Place of Business

Mailing Address

**4450 FEDERAL HWY
 STUART FL 34997**

**SW ALEXANDER CT
 PALM CITY FL 34990**

2. Principal Place of Business

3. Mailing Address

4450 SE Federal Hwy

4450 SE Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART, FL

STUART, FL

4. FEI Number

65-0754653

Applied For

Not Applicable

Zip

Country

Zip

Country

34997 USA

34997 USA

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

**MORENO, CHRISTINE M ESQ
 3211 SW ALEXANDER COURT
 PALM CITY FL 34990**

Name **Christine M. Moreno, ESQ.**

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

**Christine M. Moreno, Attorney, PA
 4450 SE Federal Hwy**

City **STUART**

FL

Zip Code **34997**

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

Christine M. Moreno

01-01-2002

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, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **MORENO, CHRISTINE M ESQ**
 CITY-ST-ZIP **3211 SW ALEXANDER CT
 PALM CITY FL 34990**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Christine M. Moreno, Esq. **01-01-2002** **(561) 288-1020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)