


FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 SEP 11 AM 8:00

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

DOCUMENT # P97000100865			
1. Entity Name MICHAEL F. GUILFORD, P.A.			
Principal Place of Business 44 WEST FLAGLER ST #750 MIAMI, FL 33130		Mailing Address 8603 SO DIME HIGHWAY SUITE 315 MIAMI, FL 33143	
2. Principal Place of Business		3. Mailing Address <i>44 WEST FLAGLER ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>SUITE 750</i>	
City & State		City & State <i>MIAMI, FL</i>	
Zip	Country	Zip	Country
<i>33130</i>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MICHAEL F. GUILFORD 44 WEST FLAGLER ST MIAMI, FL 33130 <i>SUITE 750</i>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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		DATE	
<i>[Signature]</i>			
<p><b>FILE NOW!!! FEE IS: \$150.00</b>          After May 1, 2003 Fee will be \$650.00          Amended UBR is \$81.25          Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILFORD, MICHAEL F	NAME	
STREET ADDRESS	44 WEST FLAGLER ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>[Signature]</i>		Date: <i>14 April 03 3:05 PM</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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 09/16/03--01070--003 \*\*150.00



*MRS*

CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)