

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90870 049 ***150.00

DOCUMENT # P98000019113

1. Entity Name

JAMES P.E. ROEN, P.A.

Principal Place of Business

**GABLES INTERNATIONAL PLAZA
 2655 LE JEUNE RD SUITE 1108
 CORAL GABLES FL 33134**

Mailing Address

**GABLES INTERNATIONAL PLAZA
 2655 LE JEUNE RD SUITE 1108
 CORAL GABLES FL 33134**

2. Principal Place of Business

1320 S. DIXIE HWY

Suite, Apt. #, etc.

1275

City & State

CORAL GABLES

Zip

33146

Country

3. Mailing Address

1320 S. DIXIE HWY

Suite, Apt. #, etc.

1275

City & State

CORAL GABLES

Zip

33146

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROEN, JAMES P ESQ.
 GABLES INTERNATIONAL PLAZA
 1320 S DIXIE HWY PH 1275
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE **D** ☐ Delete
 NAME **ROEN, JAMES P**
 STREET ADDRESS **1320 S DIXIE HWY PH-1275**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **D** ☐ Delete
 NAME **ROEN, MARGARET S**
 STREET ADDRESS **1320 S DIXIE HWY PH-1275**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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:

JAMES P.E. ROEN **JAMES P.E. ROEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (305) 661-6664

Date Daytime Phone #

CR2E034 (10/00)