

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90163 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063333

1. Entity Name

CAROL E. CHLOUPEN & ASSOC. P.A.

DO NOT WRITE IN THIS SPACE

B0130894

2. Principal Place of Business

633 NE 167 STREET

Suite, Apt. #, etc.

505

3. Mailing Address

633 NE 167 STREET

Suite, Apt. #, etc.

505

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH, FLORIDA

Zip

33162

Country

USA

Zip

33162

Country

4. FEI Number

65-0870795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CAROL E. CHLOUPEN

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

633 NE 167 ST. Suite 505

City

N. Miami Beach

FL

Zip Code

33162

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	CHLOUPEN, CAROL E.	633 NE 167 ST. Suite 505	N.M. BEACH FL. 33162

**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)(j), 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

CAROL E. CHLOUPEN

Date

5/16/02

Daytime Phone #

(305) 652-0832

CR2E034B (12/01)

Attachment

#P9800063333

May 13th, 2002


Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TO WHOM IT MAY CONCERN

Please find enclosed my corporation's uniform business report for the current year. I did not receive the report from your department before the deadline. This may be due to change of address. As you can see from the enclosed, I had to download the form from your website after talking to one of your representatives.

I would appreciate it if you could therefore waive the penalty for filing late.

Sincerely,


Carol E. Chloupek
President