

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90007 017 ***150.00

DOCUMENT # P98000105420

1. Entity Name
CLAIRE JANE AMERENA, P.A.

Principal Place of Business
225 EAST ENID DRIVE
KEY BISCAYNE FL 33149

Mailing Address
225 EAST ENID DRIVE
KEY BISCAYNE FL 33149

412684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
442, WARREN LANE
 Suite, Apt. #, etc.

3. Mailing Address
260, CRANDON BLVD
 Suite, Apt. #, etc.

City & State
KEY BISCAYNE FL

City & State
KEY BISCAYNE FL

4. FEI Number **65-0883974**

Applied For
 Not Applicable

Zip **33149** Country **USA**

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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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/31/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PSTD AMERENA, CLAIRE 225 EAST ENID DRIVE 260, Crandon Blvd KEY BISCAYNE FL 33149 Ste 32
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/30/02** DAYTIME PHONE # **305-361-9478**

CR2E034 (4/02)

Attachment
072684

7/31/02.

Claire Amerena
260 Crandon Blvd. Ste. 32 # 255
Key Biscayne, FL 33149-1540

Dear Florida Division of Corporation,
#P18100105420

I am enclosing a check for \$150 for my 2002 Uniform Business Report. I realize that this is extremely late but I have some ~~unusual~~ unusual circumstances. In March of this year I visited my accountant and gave him all my tax details and gave him a check for \$150, that he was going to mail for you. I had not received the new file information from you and therefore did not have the address. He kindly said he would take care of it. I went to England for 4 months because my father was very sick with cranial enteritis. In the meantime my accountant died on April 13th. I did not find out until I returned from England, and only recently found out that you had not received the \$150. I am asking, due to these rather strange and unusual circumstances, if you could allow me to pay late, without a delinquent fee. Please forgive me but this has all been rather sad, and of course difficult.