

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90150 006 ***150.00

DOCUMENT # P99000011109

1. Entity Name
SAMUEL A. PERSAUD, P.A.



Principal Place of Business
~~17202 SW 78 PLACE~~
~~MIAMI FL 33157~~

Mailing Address
~~17202 SW 78 PLACE~~
~~MIAMI FL 33157~~

2. Principal Place of Business
1320 S. Dixie Hwy

Suite, Apt. #, etc.
#715

City & State
Coral Gables FL

Zip
33146

Country

3. Mailing Address
1320 S. Dixie Hwy

Suite, Apt. #, etc.
#715

City & State
Coral Gables FL

Zip
33146

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0022753

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERSAUD, SAMUEL A
~~17202 SW 78 PLACE~~
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Samuel A. Persaud
Street Address (P.O. Box Number is Not Acceptable)

1320 S. Dixie Hwy #715

City Coral Gables

FL Zip Code 33146

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PERSAUD, SAMUEL A
STREET ADDRESS 17202 SW 78 PLACE 1320 S. Dixie Hwy
CITY-ST-ZIP MIAMI FL 33157 Coral Gables, FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03 305.665.3604

CR2E034 (10/02)