

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033381

1. Entity Name
NINA-DAWNE WILLIAMS, P.A.

FILED
Jul 25, 2002 8:00 am
Secretary of State

06-11-2002 90389 034 ***550.00

Principal Place of Business
2420 BRICKELL AVENUE SUITE 107-B
MIAMI FL 33129

Mailing Address
2420 BRICKELL AVENUE SUITE 107-B
MIAMI FL 33129

39624

2. Principal Place of Business
1110 Brickell Ave. D

3. Mailing Address

Suite, Apt. #, etc.
Suite 430

Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State

4. FEI Number
90-0005097 APPLIED FOR

Applied For
Not Applicable

Zip
33131

Country
USA

Zip
Country

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

WILLIAMS, NINA-DAWNE ESQ
2420 BRICKELL AVENUE SUITE 107-B
MIAMI FL 33129

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 \$550.00
After September 12, 2001 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
D WILLIAMS, NINA-DAWNE
STREET ADDRESS
2420 BRICKELL AVENUE SUITE 107-B
CITY-ST-ZIP
MIAMI FL 33129

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/01)