

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90235 018 ***150.00

DOCUMENT # P99000051637

1. Entity Name
HEISE MARKARIAN FOREMAN, P.A.



Principal Place of Business
201 S. BISCAYNE BLVD
SUITE 1950
MIAMI FL 33131

Mailing Address
201 S. BISCAYNE BLVD
SUITE 1950
MIAMI FL 33131

2. Principal Place of Business
100 S.E. 2nd Street
Suite, Apt. #, etc.
2800

3. Mailing Address
100 S.E. 2nd Street
Suite, Apt. #, etc.
2800

City & State
Miami, FL
Zip
33131

City & State
Miami, FL
Zip
33131

Country
USA

4. FEI Number 65-0925397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARKARIAN, DAVID K
201 S. BISCAYNE BLVD
SUITE 1950
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name David K. Markarian -(Same)
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street
Suite 2800
City Miami, FL Zip Code 33131

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 *David K. Markarian* David K. Markarian
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/28/03
DATE

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARKARIAN, DAVID K	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 1950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEISE, MARK J	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 1950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOREMAN, JEFFREY T	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 1950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	100 S.E. 2 nd Street, Suite 2800	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	100 S.E. 2 nd Street, Suite 2800	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	100 S.E. 2 nd Street, Suite 2800	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *David K. Markarian*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03 305-539-8400
Date Daytime Phone #

CR2E034 (10/02)