

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90131 030 ***158.75

DOCUMENT # P99000070902

1. Entity Name
TUI PRANICH & ASSOCIATES, MIAMI INC.



Principal Place of Business
**180 NE 39TH ST
STE 112
MIAMI FL 33137**

Mailing Address
**180 NE 39TH ST
STE 112
MIAMI FL 33137**



2. Principal Place of Business

3. Mailing Address

400 N.E 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 306

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33137

USA

4. FEI Number

65-0952486

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

7. Name and Address of New Registered Agent

PRANICH, NORANIT T

**400 CLEMATIS ST., STE. 200
WEST PALM BEACH FL 33401**

Name

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

777. 3 FLAGLER DR.

WEST TOWER - SUITE 200

City

WEST PALM BEACH

FL

Zip Code

33401

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
PRANICH, NORANIT T
400 CLEMATIS ST STE 200
WEST PALM BEACH FL 33401-5322**

☐ Delete

TITLE
NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03

CR2E034 (10/02)