

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075007

1. Entity Name

BONNIE S. SATTERFIELD, P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90430 010 ***150.00

Principal Place of Business

3111 N. UNIVERSITY DR.
STE 405
POMPANO BEACH FL 33065

Mailing Address

3111 N. UNIVERSITY DR.
STE 405
POMPANO BEACH FL 33065

00055841



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3111 N. UNIVERSITY DR.

3. Mailing Address

3111 N. UNIVERSITY DR.

Suite, Apt. #, etc.

STE 405

Suite, Apt. #, etc.

STE 405

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0942410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SATTERFIELD, BONNIE S
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131-2310

7. Name and Address of New Registered Agent

Name

BONNIE S. SATTERFIELD

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

3111 N. UNIVERSITY DR.

STE 405

City

CORAL SPRINGS

FL

Zip Code

33065

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

Bonnie S. Satterfield

4/24/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **SATTERFIELD, BONNIE S**
STREET ADDRESS **200 SOUTH BISCAYNE BLVD., 20TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131-2310**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **BONNIE S. SATTERFIELD**
STREET ADDRESS **3111 N. UNIVERSITY DR., STE 405**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Bonnie S. Satterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(954) 341-2250

Daytime Phone #

CR2E034 (10/00)

0130344