2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90137 038 ***150.00

DOCUMENT # P99000080067

1. Entity Name
KARIN S. GERARDIN, P.A.

Principal Place of Business	Mailing Address
633 N.E. 167 STREET,STE.715	633 N.E. 167 STREET,STE.715
NO. MIAMI BEACH FL 33162	NO. MIAMI BEACH FL 33162

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
633 NE 167 ST.,	633 NE 167 STREET
Suite, Apt. #, etc.: STE 501	Suite, Apt. #, etc.: STE 501
City & State: N. MIAMI BEACH	City & State: NORTH MIAMI BEACH
Zip: 33162 Country: USA	Zip: 33162 Country: USA

4. FEI Number 65-0956472 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GERARDIN, KARIN S
633 N.E. 167 STREET,STE.715
NO. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
Name: GERARDIN, KARIN S.
Street Address (P.O. Box Number is Not Acceptable): 633 NE 167 STREET, STE 501
City: NORTH MIAMI BEACH FL Zip Code 33162

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] DATE 1/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PVS GERARDIN, KARIN S 633 N.E. 167 STREET,STE.715 NO. MIAMI BEACH FL 33162 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVS GERARDIN, KARIN S 633 NE 167 ST., STE 501 N. MIAMI BCH, FL 33162 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GERARDIN, KARIN S 633 N.E. 167 STREET,STE.715 NO. MIAMI BEACH FL 33162 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GERARDIN, KARIN S. 633 NE 167 ST., STE 501 N. MIAMI BCH, FL 33162 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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] SIGNATURE REQUIRED 1/31/03 (305)653-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #