

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90294 002 \*\*\*150.00

DOCUMENT # **P 99 0000 84254**  
1. Entity Name **Dave Mugua, P.A.**



**DO NOT WRITE IN THIS SPACE**

**20022698**

2. Principal Place of Business **196 E. Bayridge Dr.**  
Suite, Apt. #, etc.

3. Mailing Address **196 E. Bayridge Dr.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Weston, FL**

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4. FEI Number **65-0948025**

Applied For  
Not Applicable

Zip **33326**

Country **USA**

Zip **33326**

Country **USA**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Mugua, David**

Street Address (P.O. Box Number is Not Acceptable) **196 E. Bayridge Dr.**

City **Weston**

FL

Zip Code **33326**

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 \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Mugua, David 196 E. Bayridge Dr. Weston, FL 33326</b>
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CR2E034B (12/02)

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 on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David Mugua**  
**President/PA Director**

**1/9/03**

**954-217-3670**  
Daytime Phone #