

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90218 016 ***150.00

DOCUMENT # P99000087501



1. Entity Name
JAMES N. STANLEY JR., P.A.

| | |
|--|--|
| Principal Place of Business 351 NW LEJEUNE RD STE 201 MIAMI FL 33126 | Mailing Address 351 NW LEJEUNE RD STE 201 MIAMI FL 33126 |
|--|--|



| | |
|---|---|
| 2. Principal Place of Business 2828 Coral Way | 3. Mailing Address 2828 Coral Way |
| Suite, Apt. #, etc. Ste. 304 | Suite, Apt. #, etc. Ste. 304 |
| City & State Miami, FL | City & State Miami, FL |

CHECK HERE IF MAKING CHANGES

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33145 | Country USA | Zip 33145 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

| | |
|--|--|
| 4. FEI Number 65-0951572 | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**STANLEY, JAMES N JR
351 NW LEJEUNE RD
STE 201
MIAMI FL 33126**

7. Name and Address of New Registered Agent
Name: **Stanley, James N. Jr.**
Street Address (P.O. Box Number is Not Acceptable):
2828 Coral Way, Ste. 304
City: **Miami** FL Zip Code: **33145**

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]* **President** DATE: **1-20-03**

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete STANLEY, JAMES N JR 351 NW LEJEUNE RD #201 MIAMI FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stanley, James N. Jr. 2828 Coral Way # 304 Miami, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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** DATE: **1-20-03** DAYTIME PHONE #: **(305) 444-1533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)