

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

4. FEI Number

65-0951572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

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 **D** ☐ Delete
NAME **STANLEY, JAMES N JR**
STREET ADDRESS **351 NW LEJEUNE RD #201**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☒ Change ☐ Addition
NAME **Stanley, James N. Jr.**
STREET ADDRESS **2828 Coral Way # 304**
CITY-ST-ZIP **Miami, FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 #

1-20-03 (305) 444-1533

CR2E034 (10/02)