

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90089 043 ***150.00

DOCUMENT # P99000104849

1. Entity Name
PUNANCY & COSENTINO, P.A.



Principal Place of Business
**100 NORTH BISCAYNE BLVD., #1101
MIAMI FL 33132**

Mailing Address
**100 NORTH BISCAYNE BLVD., #1101
MIAMI FL 33132**

70010407



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
25 S.E. 2 Ave
Suite, Apt. #, etc. **537**

3. Mailing Address
25 S.E. 2 Ave
Suite, Apt. #, etc. **537**

City & State **Miami FL-** City & State **Miami FL.**
Zip **33131** Country **USA** Zip **33131** Country **USA**

4. FEI Number **65-0481478** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COSENTINO, EDMUND
100 NORTH BISCAYNE BLVD., #1101
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **COSENTINO, EDMUND**
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2 Ave. # 537
City **Miami** FL Zip Code **33131**

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]** **V.P. EDMUND COSENTINO** **1-10-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 P	<input type="checkbox"/> Delete
NAME PUNANCY, KARLENE	
STREET ADDRESS 100 NORTH BISCAYNE BLVD., #1101	
CITY-ST-ZIP MIAMI FL 33132	
TITLE VP	<input type="checkbox"/> Delete
NAME COSENTINO, EDMUND	
STREET ADDRESS 100 NORTH BISCAYNE BLVD., #1101	
CITY-ST-ZIP MIAMI FL 33132	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]** **EDMUND COSENTINO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 **(305) 374-4842**
Date Daytime Phone #