

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90036 028 \*\*\*150.00

**DOCUMENT # P99000108906**

1. Entity Name

**447 THIRD AVENUE NORTH CORPORATION**

Principal Place of Business

**447 THIRD AVE. NORTH  
 ST. PETERSBURG FL 33701**

Mailing Address

**447 THIRD AVE. NORTH  
 ST. PETERSBURG FL 33701**

00097073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3145 Fifth Ave N.**

3. Mailing Address

**3145 Fifth Ave N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

4. FEI Number

**59-3657751**

Applied For

Not Applicable

Zip

**33713**

Country

**PN**

Zip

**33713**

Country

**PN**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ROBERT J  
 7310 SUNSHINE SKYWAY LANE SO  
 #215  
 SAINT PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, ROBERT J</b>	
STREET ADDRESS	<b>1331 MURK WAY SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LIAPES, HARRY</b>	
STREET ADDRESS	<b>1231 ABBOTT BLVD.</b>	
CITY-ST-ZIP	<b>FT. LEE NJ 07024</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice Pres. Sec.</b>	
STREET ADDRESS	<b>Dorothy Gonzalez</b>	
CITY-ST-ZIP	<b>7310 Sunshine Skyway Ln So, #215</b>	
	<b>St. Petersburg, FL 33713</b>	
TITLE		<input type="checkbox"/> Change <input checked="" 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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Dorothy Gonzalez** **Dorothy Gonzalez VP-Sec** **4/24/02** **727 322-8532**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)