

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90452 036 \*\*\*150.00

**DOCUMENT # P99000110994**

1. Entity Name  
**ASTIGARRAGA DAVIS MULLINS & GROSSMAN, P.A.**



Principal Place of Business  
**201 S BISCAYNE BLVD.  
MIAMI FL 33131**

Mailing Address  
**201 S BISCAYNE BLVD.  
MIAMI FL 33131**

**300000363**



2. Principal Place of Business  
**701 Brickell Ave**

3. Mailing Address  
**701 Brickell Ave**

Suite, Apt. #, etc.  
**Suite 1650**

Suite, Apt. #, etc.  
**Suite 1650**

City & State  
**Miami FL**

City & State  
**Miami FL**

4. FEI Number  
**65-0969404**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**Miami-Dade**

Zip  
**33131**

Country  
**Miami-Dade**

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

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

**DAVIS, EDWARD H JR  
201 S BISCAYNE BLVD.  
20TH FLOOR  
MIAMI FL 33131**

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

Name **DAVIS, Edward H Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**701 Brickell Ave  
Suite 1650**  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/7/03**

**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 **PD** ☐ Delete  
NAME **DAVIS, EDWARD H JR**  
STREET ADDRESS **201 S BISCAYNE BLVD., 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Please change address on all to 701 Brickell Ave**

TITLE **VTD** ☐ Delete  
NAME **GROSSMAN, GREGORY S**  
STREET ADDRESS **201 S BISCAYNE BLVD., 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **VD** ☐ Delete  
NAME **ASTIGARRAGA, JOSE I**  
STREET ADDRESS **210 S BISCAYNE BLVD., 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **VPSD** ☐ Delete  
NAME **MULLINS, EDWARD M**  
STREET ADDRESS **201 S BISCAYNE BLVD., 20TH FLOOR**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date

Daytime Phone #

**1/7/03 304 372-8282**

CR2E034 (10/02)