

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90103 007 \*\*\*150.00

**DOCUMENT # S16664**

1. Entity Name  
**ERIC BUERMANN, P.A.**



Principal Place of Business  
**SUITE 110**  
**9200 SO. DADELAND BLVD.**  
**MIAMI FL 33156-1960**  
**US**

Mailing Address  
**PO BOX 430331**  
**SOUTH MIAMI FL 33243-0331**  
**US**

**90014211**



2. Principal Place of Business  
**200 So. Biscayne Blvd.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 4000**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State

4. FEI Number **59-2455122**

Applied For  
Not Applicable

Zip  
**33131-2398**

Country  
**USA**

Zip

Country

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

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

**BUERMANN, ERIC**  
**GEORGE BUSH REPUBLICAN CENTER**  
**420 EAST JEFFERSON STREET**  
**TALLAHASSEE FL 32301**

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

Name  
**Eric Buermann**  
Street Address (P.O. Box Number is Not Acceptable)  
**Suite 4000 - Wachovia Center**  
**200 So. Biscayne Blvd.**  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/03**

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUERMANN, ERIC</b> <b>420 EAST JEFFERSON STREET -</b> <b>TALLAHASSEE FL 32301</b>	<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
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	<b>P &amp; D</b> <b>Eric Buermann</b> <b>Suite 4000 - 200 So. Biscayne Blvd.</b> <b>Miami, FL 33131-2398</b>	<input checked="" 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
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: **ERIC BUERMANN Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/03**  
Date

**305.446.0045**  
Daytime Phone #

CR2E034 (10/02)