FILED

Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90199 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # \$69420

1. Entity Name

A ABILITY ADVOCATE - PAUL K. SCHRIER, P.A.

				,,,							
Principal Place of Business 11098 BISCAYNE BLVD. STE 208 MIAMI FL 33161			1109 STE	Mailing Address 11098 BISCAYNE BLVD. STE 208 MIAMI FL 33161				- - - I hannair ile biine irkii ekeke kidik bolk bibli			
2. Principal Place of Business				3. Mailing Address			-				
Suite, Apt. #, etc. Suite, Apt. #, etc.					<u> </u>		-	CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FE! Number 65-0285619 Applied For Not Applied For			
Zip		Country	Zip		Countr	ry	-≖ <u>≥</u> 5:	Certificate:of:Status:Desired	\$8.75	Additional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
1						Name		Traine and Address of New Negisti	ered Agent		
SCHRIER	, PAUL K.										
11098 BISCAYNE BLYD.						Street Address (P.O. Box Number is Not Acceptable)					
STE 208						-					
MIAMI FL 33161											
INIDAMI I E	30101				İ	City		***	FL Zip (Code	
8. The above the obligation of	re named entit ations of regist	y submits this statemer lered agent.	nt for the purp	pose of changing its	s registered	d office or registe	ered aç	gent, or both, in the State of Florida.		rith, and accept	
OLONIATURE											
SIGNATURE		or printed name of registered ag	gent and title if app	plicable. (NOT	E: Registered A	Agent signature require	ad when r	rejectating)	475		
	THE MOUNT	1 FFF 10 0450 00		, , , , , , , , , , , , , , , , , , , ,			TO WINDIN	emstating) D	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financing		= 00 ·· -	
Make Chec	k Payable to	Florida Departmen	t of State					Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.		OFFICERS AI	ND DIRECTO	RS	11.		AE	DDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 11	
TITLE	PST			☐ Delete	TITLE				☐ Chan		
NAME	SCHRIER, I	PAUL K.			NAME	[بر وران	7.001.1011	
STREET ADDRESS		CAYNE BLVD.			STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL				CITY-S1	T-ZIP					
TITLE	D			Delete	TITLE	.			☐ Chang	ge Addition	
NAME	SCHRIER, I	PAUL K.			NAME					,,,	
STREET ADDRESS		AYNE BLVD.			STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL				CITY-ST	T-ZIP					
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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 employered 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 employered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNA/WHE REQUIRED

☐ Delete

1/16/03

(305)893-5500

Daytime Phone #

□ Change

Addition