

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24880

1. Entity Name

J. MAURICE FINKEL, P.A.

Principal Place of Business

Mailing Address

28 W FLAGLER STREET
SUITE 320
MIAMI FL 33130
US

28 W FLAGLER STREET
SUITE 330
MIAMI FL 33130-1818
US

2. Principal Place of Business

3. Mailing Address

28 W FLAGLER ST, #370
Suite, Apt. #, etc.

28 W FLAGLER ST, #370
Suite, Apt. #, etc.

MIAMI, FLA
City & State

MIAMI, FLA
City & State

33130
Country DAD E

33130
Country DAD E

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINKEL, J MAURICE
28 W FLAGLER ST ROBERTS BLDG PH-1
SUITE 330
MIAMI FL 33130

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FINKEL, SETH L	
STREET ADDRESS	28 W. FLAGLER ST., #330	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINKEL, J. M.	
STREET ADDRESS	28 W. FLAGLER ST., #330	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90158 038 ***150.00

D0003363



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2097182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (9/99)