

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90229 019 \*\*\*150.00

**DOCUMENT # K47045**  
 1. Entity Name  
**PATRICIA A. THORP & COMPANY**

Principal Place of Business      Mailing Address  
~~4106 AURORA STREET~~      ~~4106 AURORA STREET~~ **SEE BELOW**  
 CORAL GABLES FL 33134      CORAL GABLES FL 33134  
**150 ALTAMBRA CIRCLE, SUITE 900**

2. Principal Place of Business      3. Mailing Address  
**150 ALTAMBRA CIRCLE**      **150 ALTAMBRA CIR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 900**      **SUITE 900**

City & State      City & State  
**CORAL GABLES FL**      **CORAL GABLES FL**  
 Zip      Country      Zip      Country  
**33134**      **USA**      **33134**      **USA**

4. FEI Number      Applied For  
**65-0089581**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HKE&F REGISTERED AGENT CORP.**  
**2601 SOUTH BAYSHORE DRIVE, SUITE 600**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent  
 Name **PATRICIA A. THORP**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 ALTAMBRA CIRCLE, SUITE 900**  
 City **CORAL GABLES**      FL      Zip Code **33134**

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 *Patricia A Thorp*      DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PTD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THORP, PATRICIA A</b>	NAME	
STREET ADDRESS	<b>4106 AURORA ST</b>	STREET ADDRESS	<b>150 ALTAMBRA CIRCLE, SUITE 900</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Patricia A Thorp*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)