

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M61644

1. Entity Name

Law Firm II, Inc.

FILED

02 MAR -6 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/o J. Perez
200 S. Biscayne Blvd

3. Mailing Address C/o J. Perez
200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4000

Suite 4000

City & State

City & State

Miami, Florida

Miami, Florida

DO NOT WRITE IN THIS SPACE

Zip
33131-2398

Country
USA

Zip
33131-2398

Country
USA

4. FEI Number

65-0029617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Eddie Feenane

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd

Suite 4000

City

Miami

FL

Zip Code

33131-2398

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Eagan, Thomas V.
200 S. Biscayne Blvd, Ste 4000
Miami, FL 33131-2398

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100005112501--0
-03/18/02--01025--011
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
Mullens, Jeffrey I
200 S. Biscayne Blvd, Ste 4000
Miami, Florida 33131-2398

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
Perez, Janet
200 S. Biscayne Blvd, Ste 4000
Miami, FL 33131-2398

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

305/577-7000

Date

Daytime Phone #

CR2E034B (12/01)