

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90061 043 ***150.00

DOCUMENT # P93000003427

1. Entity Name
STUART L. TOCKMAN, P.A.

Principal Place of Business Mailing Address
21 SE 1ST AVE. P.O. BOX 960640
SUITE 800 MIAMI FL 33296
MIAMI FL 33131
US

164100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
8701 SW 137th Ave.,
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 307

City & State City & State
MIAMI, FL.

Zip Country Zip Country
33183 DADE

4. FEI Number **65-0380875** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TOCKMAN, STUART L ESQ
21 SE 1ST AVE.
SUITE 800
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
STUART L. TOCKMAN, Esq
 Street Address (P.O. Box Number is Not Acceptable)
8701 SW 137th Ave., Ste 307
 City **MIA.** FL Zip Code **33183**

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 **STUART L. TOCKMAN** DATE **3/1/01**
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, 2001 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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | TOCKMAN, STUART L | |
| STREET ADDRESS | 21 SE 1ST AVE., SUITE 800 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUART L. TOCKMAN | |
| STREET ADDRESS | 8701 SW 137th Ave, Ste 307 | |
| CITY-ST-ZIP | MIA. FL. 33183 | |
| 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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| 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: **STUART L. TOCKMAN, PRESIDENT** DATE **3/1/01** (305) 225-9294
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (10/00)