

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90129 041 ***550.00

DOCUMENT # P97000048461

1. Entity Name
ANDREW V. TRAMONT, P.A.

Principal Place of Business 1401 BRICKELL AVE STE 600 MIAMI FL 33131	Mailing Address 1401 BRICKELL AVE STE 600 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0759280	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TRAMONT, ANDREW V ESQ. 1401 BRICKELL AVE STE 600 MIAMI FL 33131		7. Name and Address of New Registered Agent	
		Name TRAMONT, ANDREW V. ESQ	
		Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE STE 600	
		City MIAMI MIAMI	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 *Andrew V. Tramont* DATE 7/6/01

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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAMONT, ANDREW V 1700 MIAMI CTR., 201 S BISCAYNE BLVD MIAMI FL 33131-4329	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TRAMONT, ANDREW V 1401 BRICKELL AVE., 5 STE 601 MIAMI, FL 33131
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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: *Andrew V. Tramont* **SIGNATURE REQUIRED** 7/6/01 305.352.5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)