2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90034 031 ***150.00

A0017470

DOCUMENT # P98000041700

1. Entity Name

DANIEL BLAKEMAN, P.A.

Principal Place of Business	Mailing Address
5200 NE 7TH AVE. MIAMI FL 33137	5200 NE 7TH AVE. MIAMI FL 33137-3015

2. Principal Place of Business	3. Mailing Address
330 W. 47 Street	330 W. 47 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33140 Country:	Zip: 33140 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0842469 — Applied F[illegible] / Not Appl[illegible]

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEREBAY, LAYNE
190 NE 199TH ST., SUITE 204
N. MIAMI FL 33179

7. Name and Address of New Registered Agent

Name: Daniel Blakeman
Street Address (P.O. Box Number is Not Accepted): 330 W. 47 Street
City: MIAMI BEACH FL Zip Code 331[illegible]

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: ✓ DM Blakeman — ✓ 1/31/00
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 Added to F[illegible]

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSD BLAKEMAN, DANIEL 5200 NE 7TH AVE. MIAMI FL 33137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ 330 W 47 Street Miami Beach, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
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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 [illegible] 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 [illegible] 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 [illegible] changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ DM Blakeman — ✓ 1/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #