

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056003

1. Entity Name

THE LAW OFFICES OF CRAIG M. DORNE, P.A.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90050 007 ***150.00

Principal Place of Business 3050 BISCAYNE BLVD. SUITE 801 MIAMI FL 33137	Mailing Address 3050 BISCAYNE BLVD. SUITE 801 MIAMI FL 33137-4143
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2. Principal Place of Business 3050 Biscayne Blvd. #502 Suite, Apt. #, etc. #502	3. Mailing Address 3050 Biscayne Blvd., #502 Suite, Apt. #, etc. #502
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City & State Miami, Florida	City & State Miami, Florida
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Zip 33137	Country United States	Zip 33137	Country United States
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4. FEI Number 65-0846987	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DORNE, CRAIG M
 3050 BISCAYNE BLVD. SUITE 801
 MIAMI FL 33137

7. Name and Address of New Registered Agent

Name
 Craig M. Dorne, Esq.

Street Address (P.O. Box Number is Not Acceptable)
 3050 Biscayne Boulevard

Suite 502

City
 Miami, FL

Zip Code
 33137

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 1-4-2000

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 Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORNE, CRAIG M 3050 BISCAYNE BLVD. SUITE 801 MIAMI FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorne, Craig M. 3050 Biscayne Boulevard, #502 Miami, Florida 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 1/4/2000 305-576-0002

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