

2000 UNIFORM BUSINESS REPORT (UBR)

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

06-20-2000 90001 016 ***150.00
 09-14-2000 90010 015 ***400.00

DOCUMENT # P98000065165

1. Entity Name
THE HARRIS LAW FIRM, P.A.

Principal Place of Business Mailing Address

~~3674 GRAND AVENUE SUITE 200~~ ~~3674 GRAND AVENUE SUITE 200~~
~~MIAMI FL 33133~~ ~~MIAMI FL 33133~~

777 BRICKELL AVE.
STE. 1114 MIAMI, FL 33131-2867

2. Principal Place of Business 3. Mailing Address

777 BRICKELL AVE Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Ste. 1114

City & State City & State

MIAMI, FL City & State

Zip Country Zip Country

33131 **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, ROBERT N
~~3674 GRAND AVENUE SUITE 200~~
~~MIAMI FL 33133~~
SAME AS ABOVE

7. Name and Address of New Registered Agent

Name

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

City 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 DATE **9.12.2000**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	HARRIS, ROBERT N
STREET ADDRESS	3674 GRAND AVE # 200
CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	777 BRICKELL AVE.
STREET ADDRESS	STE 1114
CITY-ST-ZIP	MIAMI, FL 33131-2867
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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 titles empowered.

SIGNATURE: **SIGNATURE REQUIRED** **9.12.2000**

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