2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 09, 2000 8:00 am
Secretary of State
02-04-2000 90066 042 ***150.00

DOCUMENT # P98000100400

1. Entity Name

NICHOLAS SOLIMINE, JR., P.A.

Principal Place of Business	Mailing Address
~~5301 N. FEDERAL HWY.~~ ~~SUITE 273~~ ~~BOCA RATON FL 33487~~	22932 IRON WEDGE DR BOCA RATON FL 33433-3834 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4700 N.W. BOCA RATON BLVD	
Suite, Apt. #, etc. SUITE 303	Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State
Zip 33431 Country P.B.	Zip Country

4. FEI Number 65-0901138 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA REGISTERED AGENTS INC. 1940 HARRISON ST. #203 HOLLYWOOD FL 33020	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 ______________________
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLIMINE, NICHOLAS JR. 22932 IRONWEDGE DR. BOCA RATON FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: ______________________ 1/25/00 561-239-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #