

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90187 017 ***150.00

DOCUMENT # P99000046594

1. Entity Name

JAMES K CLARK P.A.

Principal Place of Business

Mailing Address

3554 PALMETTO AVE
 COCONUT GROVE FL 33133

3554 PALMETTO AVE
 COCONUT GROVE FL 33133-6219

ADDITIONAL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19 W. Flagler St

19 W. Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

720

720

City & State

City & State

Miami, FL

Miami FL

4. FEI Number

65-0997587

Applied For

Not Applicable

Zip

Country

33130

U.S.

Zip

Country

33130

U.S.

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

CLARK, LINDA F
3554 PALMETTO AVE
COCONUT GROVE FL 33133

Name

James K. Clark

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

19 W. Flagler Street

Suite 720

City

Miami

FL

Zip Code

33130

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

James K. Clark
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

5/1/00

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	President	<input type="checkbox"/> Delete
NAME	Michael A. Robb	
STREET ADDRESS	19 W Flagler St, Suite 720	
CITY-ST-ZIP	Miami FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A. Robb	
STREET ADDRESS	19 W Flagler St, Suite 720	
CITY-ST-ZIP	Miami FL 33130	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James K. Clark	
STREET ADDRESS	19 W Flagler Street, Suite 720	
CITY-ST-ZIP	Miami FL 33130	
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		
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 power like empowered.

SIGNATURE:

James K. Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00
 Date

954-463-3590
 Daytime Phone #