

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90088 026 ***150.00

DOCUMENT # P99000111559

1. Entity Name
TAMARA CARMICHAEL, P.A.

Principal Place of Business
 201 SOUTH BISCAYNE BLVD.
 SUITE 3000
 MIAMI FL 33131

Mailing Address
 201 SOUTH BISCAYNE BLVD.
 SUITE 3000
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0972139

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CARMICHAEL, TAMARA ESQ.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

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 *Tamara Carmichael*
 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 \$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, S, I	<input type="checkbox"/> Delete
NAME	Tamara Carmichael, P.A.
STREET ADDRESS	201 South Biscayne Blvd.
CITY-ST-ZIP	Suite 3000 Miami, FL 33131
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	

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	
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 other like empowered.

SIGNATURE: *Tamara Carmichael* **REQUIRE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/12/2000** (305) 373-9429
 Daytime Phone #

P99000111559

AC068104



MIAMI CENTER
201 SOUTH BISCAYNE BOULEVARD
SUITE 3000
MIAMI, FLORIDA 33131
TELEPHONE: 305.373.9400
FACSIMILE: 305.373.9443
www.broadandcassel.com

TAMARA CARMICHAEL, P.A.
DIRECT LINE: (305) 373-9429
DIRECT FACSIMILE: (305) 995-6384
EMAIL: tcarmich@broadandcassel.com

July 12, 2000

VIA FEDERAL EXPRESS

Uniform Business Reports
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: **Tamara Carmichael, P.A.**
2000 Uniform Business Report
FL Document Number P99000111559

Ladies and Gentlemen:

Please be advised that the 2000 Uniform Business Report (the "Report") for Tamara Carmichael, P.A. was only recently received by my office and forwarded to my attention for handling. Please be assured that this is the first time that this Report was ever received via U.S. mail and brought to my attention for handling. Therefore, please accept this letter as my formal request to the Florida Department of State to consider waiving the penalty fee in the amount of \$400. Accordingly, in good faith, enclosed please find the completed and executed Report along with a check payable to the "Florida Department of State" in the amount of \$150. I understand that this amount represents the State's required filing fee of the Report if it were filed on or before May 1st.

Thank you for your consideration of the above matter. If you have any questions and/or comments, please contact me.

Sincerely,

BROAD AND CASSEL

Tamara Carmichael, P.A.

TC:as
Enclosures