


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00333996 AV. 1

**DOCUMENT # P99000111559**

1. Entity Name  
**TAMARA CARMICHAEL, P.A.**



FILED  
04 FEB -5 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>201 SOUTH BISCAYNE BLVD. SUITE 3000 MIAMI FL 33131</b>	Mailing Address <b>201 SOUTH BISCAYNE BLVD. SUITE 3000 MIAMI FL 33131</b>
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2. Principal Place of Business <b>195 Broadway, 24th Floor</b>	3. Mailing Address <b>195 Broadway, 24th Floor</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>New York, NY 10007</b>	City & State <b>New York, NY 10007</b>
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Zip <b>New York</b>	Country <b>New York</b>	Zip <b>New York</b>	Country <b>New York</b>
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4. FEI Number **65-0972139** Applied For  Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARMICHAEL, TAMARA ESQ.**  
~~1614 Pennsylvania Ave #2-F~~  
~~Miami Beach, FL 33139~~  
~~201 SOUTH BISCAYNE BLVD.~~  
~~SUITE 3000~~  
~~MIAMI FL 33131~~  
**c/o Holland & Knight LLP**  
~~195 Broadway~~  
**New York, NY 10007**  
**701 Brickell Avenue Miami FL 33131**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): **c/o Holland & Knight**  
**195 Broadway 24th Floor #227**  
City: **New York NY FL FE** Zip Code: **10007**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **12/4/03** / **1/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE <b>PST</b>	<input type="checkbox"/> Delete
NAME <b>CARMICHAEL, TAMARA P.A.</b>	
STREET ADDRESS <b>201 SOUTH BISCAYNE BLVD STE 3000</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1614 Pennsylvania Avenue #2-F</b>
STREET ADDRESS	<b>Miami Beach, FL 33139</b>
CITY-ST-ZIP	<b>c/o Holland &amp; Knight 195 Broadway 24th Floor</b> <b>New York, NY 10007</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500025460965</b>
STREET ADDRESS	<b>12/12/03--01049--003 **550.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500025460965</b>
STREET ADDRESS	<b>02/24/04--01018--004 **150.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500025460965</b>
STREET ADDRESS	<b>02/24/04--01018--005 **200.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **12/4/03** DAYTIME PHONE # \_\_\_\_\_

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

33131

CR2E034 (4/03)

**RETRACT STATEMENT 03-04 TS**