

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-14-2000 90031 021 ***150.00

DOCUMENT # S35772

1. Entity Name

CURTIS CARLSON & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

~~1st FLOOR FINANCIAL CENTER~~
~~200 S. BISCAYNE BLVD., STE. 2770~~
~~MIAMI FL 33131~~

~~1st FLOOR FINANCIAL CENTER~~
~~200 S. BISCAYNE BLVD., STE. 2770~~
~~MIAMI FL 33131-1714~~

2. Principal Place of Business

ONE S.E. THIRD AVE

3. Mailing Address

ONE S.E. THIRD AVE

Suite, Apt. #, etc.

SUITE 1200

Suite, Apt. #, etc.

SUITE 1200

City & State

MIAMI, FL

City & State

MIAMI, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0246750

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSON, CURTIS
~~FIRST UNION FINANCIAL CENTER~~
~~200 S. BISCAYNE BLVD., STE. 2770~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

ONE S.E. THIRD AVE

SUITE 1200

City **MIAMI**

FL

Zip Code **33131**

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

Curtis Carlson

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

(NOTE: Registered Agent signature required when reinstating)

1/6/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE **PTD** Delete
 NAME **CARLSON, CURTIS**
 STREET ADDRESS ~~200 S BISCAYNE BLVD~~ **ONE S.E. THIRD AVE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Curtis Carlson, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 305.372.3500

Date

Daytime Phone #