

# 2000 UNIFORM BUSINESS REPORT (UBR)

019991

DOCUMENT # M61644

1. Entity Name

LAW FIRM II, INC.

FILED

00 FEB 17 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% ANTONIO LOZANO  
200 S BISCAYNE BLVD. 40TH FLOOR  
MIAMI FL 33131-2398

% ANTONIO LOZANO  
200 S BISCAYNE BLVD. 40TH FLOOR  
MIAMI FL 33131-2310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0029617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOZANO, ANTONIO  
200 S. BISCAYNE BLVD.  
40TH FLOOR  
MIAMI FL 33131-2398

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	DV	<input type="checkbox"/> Delete
NAME	BOTOS, MICHAEL E.	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000	
CITY-ST-ZIP	MIAMI FL 33131-2398	
TITLE	AST	<input type="checkbox"/> Delete
NAME	LOZANO, ANTONIO	
STREET ADDRESS	200 S. BISCAYNE BLVD. 40TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131-2398	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EAGAN, THOMAS V.	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000	
CITY-ST-ZIP	MIAMI FL 33131-2398	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MULLENS, JEFFREY I.	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000	
CITY-ST-ZIP	MIAMI FL 33131-2398	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, JANET E.	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000	
CITY-ST-ZIP	MIAMI FL 33131-2398	
TITLE		<input type="checkbox"/> Delete
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

000003145240-2  
-02/23/00-01099-017  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)