

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50301

1. Entity Name

LENARD H. GORMAN, P.A.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90024 040 ***150.00

Principal Place of Business

2655 LE JEUNE ROAD
PH1-D
CORAL GABLES FL 33134
US

Mailing Address

2655 LE JEUNE ROAD
PH1-D
CORAL GABLES FL 33134-5827
US

2. Principal Place of Business

1320 South Dixie Highway
Suite, Apt. #, etc.
1275
Coral Gables FL
Zip
33146
Country
USA

3. Mailing Address

1320 South Dixie Highway
Suite, Apt. #, etc.
1275
Coral Gables FL
Zip
33146
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2311511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORMAN, LENARD H.
13700 SW 103RD AVE.
MIAMI FL 33176

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

POTS
GORMAN, LENARD H
13700 SW 103RD AVE
MIAMI, FL 00000

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

4/19/00

Date

(305) 988-4245

Daytime Phone #

CR2E034 (9/99)