2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
06-02-2000 90007 004 ***150.00

DOCUMENT # J49677

1. Entity Name: HAMILTON TAYLOR + GRIFFITH, PA

Principal Place of Business	Mailing Address
7300 N. KENDALL DR. STE 450 MIAMI FL 33156	7300 N. KENDALL DR. STE 450 MIAMI FL 33156-7854

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2748362 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFITH, THOMAS
9497 S. DIXIE HWY., SUITE 515
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: GRIFFITH THOMAS F
Street Address (P.O. Box Number is Not Acceptable): TAYLOR + GRIFFITH PA
7300 N. KENDALL DR, STE 450
City: MIAMI FL Zip Code: 33156

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: Thomas F Griffith 5/1/2000
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 $300.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, FRED 7300 N. KENDALL DR., STE. 450 MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFITH, THOMAS 7300 N. KENDALL DR., STE. 450 MIAMI FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HAMILTON, McHENRY 9400 S DADELAND BLVD #710 MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Thomas F Griffith Secty 5/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

305-670-6161
Daytime Phone #