

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90040 013 ***150.00

DOCUMENT # 594608

1. Entity Name

JAMES F. COMANDER, P.A.

Principal Place of Business

Mailing Address

9100 S DIXIE HWY
MIAMI FL 33156

13250 SW 74 AVE
MIAMI FL 33158-1151

2. Principal Place of Business

3. Mailing Address

9130 S DIXIE HWY

8121 SW 139 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Penthouse 1-A

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33156

Dade

33158

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMANDER, JAMES F.
13250 SW 74 AVE
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

8121 SW 139 Terr

City

Miami

FL

Zip Code

33158

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

James F. Comander

JAMES F. COMANDER

1/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COMANDER, JAMES F. 13250 SW 74 AVE MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8121 SW 139 Terr miami, FL 33158	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James F. Comander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00

305
462-9358