

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601324

1. Entity Name

SAMS AND LISTER, P.A.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90079 013 \*\*\*150.00

Principal Place of Business

Mailing Address

2222 PONCE DE LEON BLV  
PH II  
CORAL GABLES FL 33134

2222 PONCE DE LEON BLV  
PH II  
CORAL GABLES FL 33134-5030

2. Principal Place of Business

7325 S.W. 63 Ave.

3. Mailing Address

7325 S.W. 63 Ave.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-1269450

Applied For

Not Applicable

Zip

33143

Country

U.S.A.

Zip

33143

Country

USA

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

MURRAY SAMS, JR.  
2222 PONCE DE LEON BLV  
PH II  
CORAL GABLES FL 33134

Name

Murray Sams, Jr.

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

7325 S.W. 63 Ave., Suite 201

City

Miami

FL

Zip Code

33143

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
SAMS, MURRAY, JR.  
2222 PONCE DE LEON BLV, PHII  
CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
Murray Sams, Jr.  
7325 S.W. 63 Ave., Suite 201  
Miami, Florida 33143 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ 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

Date

Daytime Phone #

CR2E034 (9/99)