

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90044 007 ***150.00

DOCUMENT # 601893

1. Entity Name

PHILLIPS and PHILLIPS, P. A.

Principal Place of Business

Mailing Address

901 Ponce DeLeon Blvd.
 Suite 305
 Coral Gables, FL. 33134

Same

2. Principal Place of Business

901 Ponce DeLeon Blvd.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

City & State

Coral Gables, FL. 33134

Zip

Country

Zip

Country

33134

Miami-Dade

6. Name and Address of Current Registered Agent

WILLIAM PHILLIPS
 901 Ponce DeLeon Blvd. Ste. 305
 Coral Gables, FL. 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAM PHILLIPS	
STREET ADDRESS	901 Ponce DeLeon Blvd-Ste 305	
CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARBARA PHILLIPS	
STREET ADDRESS	25 S.E. 2nd Ave-Ste. 1139	
CITY-ST-ZIP	Miami, FL. 33131-1605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William Phillips
 William Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

(305) 461-3900

Daytime Phone #

CR2E034 (9/99)