

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604984

1. Entity Name

JACK E. DOMINIK, P.A.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90123 003 ***158.75

Principal Place of Business 6175 NW 153RD ST. #225 MIAMI LAKES FL 33014	Mailing Address 6175 NW 153RD ST. #225 MIAMI LAKES FL 33014-2420
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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 59-1507825	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOMINIK, JACK 6175 NW 153RD ST, #225 MIAMI LAKES FL 33014

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
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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	TD <input type="checkbox"/> Delete
NAME	THOMSEN, JENNIFER
STREET ADDRESS	6175 NW 153 ST. #225
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	AS <input type="checkbox"/> Delete
NAME	ROWLEY, DIANE
STREET ADDRESS	6175 NW 153RD ST. #225
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	PTD <input type="checkbox"/> Delete
NAME	DOMINIK, JACK E.
STREET ADDRESS	6175 NW 153RD ST. #225
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	S <input type="checkbox"/> Delete
NAME	WILTSHIRE, SILVANA
STREET ADDRESS	6175 NW 153 ST. #225
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Jennifer Thomsen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/18/00 (305) 556 7000
Daytime Phone #

CR2E034 (9/99)