

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 21, 2000 8:00 am**
Secretary of State

01-21-2000 90020 001 *****5.00

01-21-2000 90020 002 ***158.75

DOCUMENT # 632488

1. Entity Name

DANIEL W. RAAB, P.A.

Principal Place of Business

Mailing Address

1320 S. DIXIE HWY., STE 821
MIAMI FL 33146**1320 S. DIXIE HWY., STE 821**
MIAMI FL 33146-2912

2. Principal Place of Business

3. Mailing Address

DANIEL W. RAAB, P.A.**1320 S. DIXIE Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#850**#850**

City & State

City & State

MIAMI, FL**MIAMI, FL**

Zip

Zip

33146**33146**

Country

Country

USA**USA**

4. FEI Number

59-1925713

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RAAB, DANIEL W
1320 S. DIXIE HWY
SUITE 821
MIAMI FL 33146

7. Name and Address of New Registered Agent

Name

DANIEL W. RAAB

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

1320 S. DIXIE Highway**SUITE 850**

City

MIAMI

FL

Zip Code

33146

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

*Daniel W. Raab***1/07/2000**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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
RAAB, DANIEL W
1320 S DIXIE HWY #821 850
MIAMI FL 33146☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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

1-7-2000

Date

305-284-0008

Daytime Phone #

CR2E034 (9/99)