

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20714

1. Entity Name

MICHAEL ALLEN MOSHER, P.A.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90046 030 ***150.00

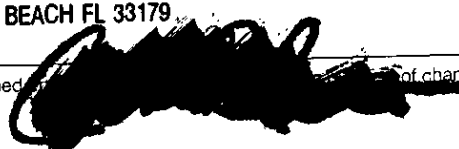
Principal Place of Business	Mailing Address
C/O MOSHER 19240 NE 20 CT. N MIAMI BEACH FL 33179	C/O MOSHER 19240 NE 20 CT. N MIAMI BEACH FL 33179-4369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2095422		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

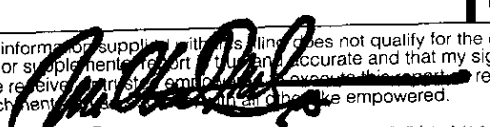
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MOSHER, MICHAEL ALLEN C/O MOSHER 19240 NE 20 CT. N MIAMI BEACH FL 33179				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

8. The above named  of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, PHYLLIS		NAME		
STREET ADDRESS	19240 NE 20TH CT.		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL 00000		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, MICHAEL ALLEN		NAME		
STREET ADDRESS	19240 NE 20TH CT.		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL 00000		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, trustee, or liquidator of the corporation; or that I am an authorized representative of the corporation or the receiver, trustee, or liquidator of the corporation; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this report if an officer or director empowered.



5/11/00 954 920-5030

CR2F034 (9/99)