

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60882

1. Entity Name

STEPHEN M. PAVE, PROFESSIONAL ASSOCIATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90444 029 \*\*\*150.00

|                                       |                                            |
|---------------------------------------|--------------------------------------------|
| Principal Place of Business           | Mailing Address                            |
| 7600 RED RD #200<br>S. MIAMI FL 33143 | 7600 RED RD #200<br>S. MIAMI FL 33143-5408 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



DO NOT WRITE IN THIS SPACE

|                                  |                          |                                |                |
|----------------------------------|--------------------------|--------------------------------|----------------|
| 4. FEI Number                    | 59-1990330               | Applied For                    | Not Applicable |
| 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                                       |
| PAVE, STEPHEN M.<br>7600 RED RD #200<br>S. MIAMI FL 33143 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (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. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>DP<br>PAVE, STEPHEN M<br>11423 SW 112 ST<br>MIAMI FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> 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: Stephen M. Pave 24 APR 2000 305 661 1984  
STEPHEN M. PAVE Date Daytime Phone #

CR2E034 (9/99)