

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # F73169

1. Entity Name
 L. MARK DACHS, P.A.

Principal Place of Business 100 N. BISCAYNE BLVD. STE. 1100 MIAMI 33132 FL	Mailing Address 100 N. BISCAYNE BLVD. STE. 1100 MIAMI 33132 FL
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2. Principal Place of Business 100 NORTH BISCAYNE BLVD	3. Mailing Address 100 N. BISCAYNE BLVD.
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Suite, Apt. #, etc. STE. 2900	Suite, Apt. #, etc. STE. 2900
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33132	Country	Zip 33132	Country
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4. FEI Number 59-2179848	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DACHS, L. MARK
5799 FELIX PKWY.

MIAMI FL
33156 US

7. Name and Address of New Registered Agent

Name
DACHS MARK
Street Address (P.O. Box Number is Not Acceptable)
5799 FELIX PKWY.

City
MIAMI FL Zip Code
33156

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 **MARK DACHS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/06/2001

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DACHS, L. MARK 5799 FELIX PARKWAY MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

04/06/2001

Date

Daytime Phone #

CR2E034 (11/00)