

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93612

1. Entity Name

W.J. CALLAHAN, C.P.A., P.A.

Principal Place of Business

Mailing Address

9999 NE 2ND AVE
STE 200
MIAMI FL 33138-9344

9999 NE 2ND AVE
STE 200
MIAMI FL 33138-2345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2331382

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAHAN, W J
9999 NE 2ND AVE. SUITE #200
MIAMI FL 33138

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CALLAHAN, W J
9999 N E 2ND AVE STE 200
MIAMI SHORES FL 33138 ☐ Delete

TITLE
NAME
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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 it has 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 under 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered officers or directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90113 036 ***150.00

00000065



DO NOT WRITE IN THIS SPACE

W.J. CALLAHAN, C.P.A., P.A.
9999 NE 2ND AVE, Suite #200
Miami, Florida 33138-2344

1-3-2000

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751-773