

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90143 021 \*\*\*150.00

**DOCUMENT # H37049**

1. Entity Name

JOHN H. PATTERSON, P.A.

Principal Place of Business

Mailing Address

44 WEST FLAGLER ST

44 WEST FLAGLER ST

FL 33130

SUITE 2450

MIAMI FL 33130-6815

US

040130

2. Principal Place of Business

44 West Flagler St.

3. Mailing Address

44 West Flagler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1050

Suite 1050

City & State

City & State

Miami, FL 33130-6803

Miami, FL

Zip

Country

Zip

Country

33130-6803

33130-6803

4. FEI Number 59-2510428

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PATTERSON, JOHN H.  
 44 WEST FLAGLER ST  
 SUITE 2450  
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name Patterson, John H.

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

44 West Flagler St., Suite 1050

City

Miami

FL

Zip Code

33130-6803

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

April 11, 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, JOHN H	
STREET ADDRESS	44 W FLAGLER ST, SUITE 2450	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patterson, John H.	
STREET ADDRESS	44 W. Flagler St., Suite 1050	
CITY-ST-ZIP	MIAMI, FL 33130-6803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

April 11, 2000 (305)350-9000

Date

Daytime Phone #

CR2E034 (9/99)