

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37049

1. Entity Name

JOHN H. PATTERSON, P.A.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90286 031 ***150.00

Principal Place of Business

44 WEST FLAGLER ST
~~SUITE 1050~~
MIAMI FL 33130-6803
US

Mailing Address

44 WEST FLAGLER ST
~~SUITE 1050~~
MIAMI FL 33130-6803
US

639920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

44 West Flagler St. Suite 2000

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2510428

Applied For

Not Applicable

Zip

Country

33130-6818 U.S.

Zip

Country

33130-6818 Miami, FL

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 ~~1050~~ 2000
MIAMI FL 33130-~~6803~~ 6818

7. Name and Address of New Registered Agent

Name John H. Patterson

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

44 West Flagler Street
Suite 2000

City

MIAMI, FL

FL

Zip Code

33130-6818

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

John H. Patterson

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

(NOTE: Registered Agent signature required when reinstating)

03/29/01

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	DP	<input type="checkbox"/> Delete
NAME	PATTERSON, JOHN H	
STREET ADDRESS	44 W FLAGLER ST, SUITE 1050	
CITY-ST-ZIP	MIAMI FL 33130-6803	
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	John H. Patterson	
STREET ADDRESS	44 West Flagler St, Suite 2000	
CITY-ST-ZIP	MIAMI, FL 33130-6818	
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)(f), 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:

John H. Patterson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/01

DATE

Daytime Phone #

305 350 9000

CR2E034 (10/00)

0495524