

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98570

1. Entity Name

DAVID F. BARON, P.A.

FILED

Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90037 017 \*\*\*150.00

Principal Place of Business

Mailing Address

~~9130 SOUTH DADELAND BLVD.~~  
~~DATRAM CENTER STE 1515~~  
~~MIAMI FL 33156~~  
US

~~9130 SOUTH DADELAND BLVD~~  
~~DATRAM CENTER STE 1515~~  
~~MIAMI FL 33156~~  
US

2. Principal Place of Business

3. Mailing Address

9100 S. Dadeland Blvd.

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PHI, #1704

PHI, #1704

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33156

USA

33156

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARON, DAVID F.

~~9130 SOUTH DADELAND BLVD.~~  
~~#1515~~  
~~MIAMI FL 33156~~

Name

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

9100 S. Dadeland Blvd, PHI, #1704

City

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

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, 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	PSD	<input type="checkbox"/> Delete
NAME	BARON, DAVID F.	
STREET ADDRESS	<del>9130 SOUTH DADELAND BLVD. #1515</del>	
CITY-ST-ZIP	<del>MIAMI FL 33156</del>	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baron, David F.	
STREET ADDRESS	9100 South Dadeland Blvd, PHI, #1704	
CITY-ST-ZIP	Miami, FL 33156	
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

Date

Daytime Phone #

1/9/01 (305) 670-1833

0194579

CR2E034 (10/00)

C0007034



DO NOT WRITE IN THIS SPACE