

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State
 06-02-2000 90007 004 ***150.00

DOCUMENT # 549677
1. Entity Name
HAMILTON TAYLOR & GRIFFITH, PA

Principal Place of Business **Mailing Address**
7300 N. KENDALL DR. 7300 N. KENDALL DR.
STE 450 STE 450
MIAMI FL 33156 MIAMI FL 33156-7854

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2748362 **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
GRIFFITH, THOMAS
9497 S. DIXIE HWY., SUITE 515
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name GRIFFITH THOMAS F
 Street Address (P.O. Box Number is Not Acceptable) TAYLOR & GRIFFITH, PA
7300 N. KENDALL DR., STE 450
 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 Thomas F. Griffith **DATE** 5/1/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE MONTHLY FEES: \$10.00
 MAY 1999 - \$10.00
 MAY 2000 - \$10.00
 MAY 2001 - \$10.00
 MAY 2002 - \$10.00
 MAY 2003 - \$10.00
 MAY 2004 - \$10.00
 MAY 2005 - \$10.00
 MAY 2006 - \$10.00
 MAY 2007 - \$10.00
 MAY 2008 - \$10.00
 MAY 2009 - \$10.00
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 MAY 2017 - \$10.00
 MAY 2018 - \$10.00
 MAY 2019 - \$10.00
 MAY 2020 - \$10.00
 MAY 2021 - \$10.00
 MAY 2022 - \$10.00
 MAY 2023 - \$10.00
 MAY 2024 - \$10.00
 MAY 2025 - \$10.00
 MAY 2026 - \$10.00
 MAY 2027 - \$10.00
 MAY 2028 - \$10.00
 MAY 2029 - \$10.00
 MAY 2030 - \$10.00

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
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		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<input checked="" 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: Thomas F. Griffith, Secy **DATE** 5/1/00 **Daytime Phone #** 305-670-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (9/99)