

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K02716

1. Entity Name
L. MICHAEL ROFFINO, P.A.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90103 010 ***150.00

Principal Place of Business

Mailing Address

~~3181 CORAL WAY~~
~~SUITE 800~~
MIAMI FL 33145

~~12033 SW 82ND AVE~~
MIAMI FL 33156
~~US~~

2. Principal Place of Business

999 PONCE DE LEON BLVD

Suite, Apt. #, etc.

STE 1120

CITY & State
CORAL GABLES, FL

Zip

33134

Country

U.S.

3. Mailing Address

999 PONCE DE LEON BLVD

Suite, Apt. #, etc.

STE 1120

CITY & State
CORAL GABLES, FL

Zip

33134

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0014623

Applied For

Not Applicable

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

ROFFINO, L. MICHAEL

~~12033 SW 82ND AVE~~

MIAMI FL 33156

Name

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

999 PONCE DE LEON BLVD

STE 1120

City

CORAL GABLES

FL

Zip Code

33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME ROFFINO, L. MICHAEL
STREET ADDRESS 12033 SW 82ND AVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME 999 PONCE DE LEON BLVD.
STREET ADDRESS STE 1120
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

CR2E034 (10/00)