

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90129 010 ***150.00

DOCUMENT # K60250

1. Entity Name
LOROW & O'CONNOR, P.A.

Principal Place of Business Mailing Address
15495 EAGLE NEST LANE **15495 EAGLE NEST LANE**
100 **100**
MIAMI FL 33014 **MIAMI FL 33014-2244**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
15175 Eagle Nest Lane **15175 Eagle Nest Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
103 **103**
 City & State City & State
Miami, FL **Miami, FL**

4. FEI Number Applied For
65-0096756 Not Applicable

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

Zip Country Zip Country
33014 **USA** **33014** **USA**

6. Name and Address of Current Registered Agent
LOROW, NAT JR.
15495 EAGLE NEST LANE
SUITE 100
MIAMI FL 33014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
15175 Eagle Nest Lane
Suite 103
 City State Zip Code
Miami, FL **33014**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LOROW, NAT JR. 15495 EAGLE NEST LANE #100 MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete O'CONNOR, MARY J 15495 EAGLE NEST LANE #100 MIAMI LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15175 Eagle Nest Lane #103 Miami, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15175 Eagle Nest Lane #103 Miami, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary J. O'Connor Date: 2/12/2000 Daytime Phone #: 305-820-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY J. O'CONNOR

CR2E034 (9/99)