

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K84912

1. Entity Name

TIMOTHY W. ROSS, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90037 003 ***150.00

Principal Place of Business

Mailing Address

2900 MIDDLE STREET
MIAMI FL 33133-3715

2900 MIDDLE STREET
MIAMI FL 33133-3766

2. Principal Place of Business

3924 Hardie Rd

3. Mailing Address

3924 Hardie Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0129553

Applied For

Not Applicable

Zip

Country

33133 USA

Zip

Country

33133 USA

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

ROSS, TIMOTHY W.
2900 MIDDLE STREET
MIAMI FL 33131

Name

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

3924 Hardie Rd

City

Miami

FL

Zip Code

33133

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROSS, TIMOTHY W.
2900 MIDDLE STREET
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

3924 Hardie Rd.
Miami, FL 33133

☒ Change ☐ Addition

TITLE
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☐ 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

Timothy W. Ross

Date

2/18/00

Daytime Phone #

305 441 2470

CR2E034 (9/99)