

2001 UNIFORM BUSINESS REPORT (UBR)

0007650 AF

DOCUMENT # L00000001162

1. Entity Name

LAW OFFICES OF ADRIAN P. THOMAS, P.L.

FILED

01 APR 12 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2729 N.E. 30TH AVE.
LIGHTHOUSE POINT FL 33064

Mailing Address

2729 N.E. 30TH AVE.
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

110 East Brow. Blvd.
Suite 680
Fort Lauderdale, FL

3. Mailing Address

2731 NE 40th Court
Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Lighthouse Point, FL

4. FEI Number

65-0982694

Applied For

Not Applicable

Zip 33301

Country

Broward

Zip

33064

Country

Broward

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, ADRIAN P
2729 N.E. 30TH AVE.
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

Adrian Thomas

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

2731 NE 40th Court

City

Lighthouse Point FL

Zip Code

33064

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

1/15/2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE Partner
NAME Adrian Thomas
STREET ADDRESS 2731 NE 40th Court
CITY-ST-ZIP Lighthouse Point, FL 33064

☐ Delete

TITLE
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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200004036882-9
-04/20/01--01128--017
*****50.00 *****50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/2001

CR2E083 (11/00)