

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90086 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89025

1. Entity Name

Randall L. Sidlosca, P.A.

Principal Place of Business

Mailing Address

A0025041

2. Principal Place of Business

21 100 S. Biscayne Boulevard

3. Mailing Address

100 S. Biscayne Boulevard

Suite, Apt. #, etc.

22 Suite 800

26 Suite, Apt. #, etc.

Suite 800

City & State

23 Miami FL

27 City & State

Miami FL

4. FEI Number

65-0217037

Applied For

Not Applicable

Zip

24 33131

County

25 Miami-Dade

28 Zip

33131

County

Miami-Dade

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

Randall L. Sidlosca
 1101 Brickell Avenue
 #801
 Miami, FL 33131

81 Randall L. Sidlosca

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

83 100 S. Biscayne Boulevard, Suite 800

84 Miami

FL 33131

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of 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 ☐ DELETE
 NAME D, P
 STREET ADDRESS Randall L. Sidlosca
 CITY-ST-ZIP 100 S. Biscayne Boulevard
 Suite 800
 Miami, FL 33131

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

Randall L. Sidlosca, President

1/22/2001

(305) 374-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #