

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90134 048 \*\*\*150.00

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**DOCUMENT # M29716**

1. Entity Name  
**DAVID SHEAR, P.A.**

Principal Place of Business <b>200 SOUTH BISCAYNE BLVD          SUITE 2100          MIAMI FL 33131          US</b>	Mailing Address <b>200 SOUTH S. BISCAYNE BLVD          SUITE 2100          MIAMI FL 33131          US</b>
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2. Principal Place of Business <b>201 Alhambra Circle #601</b> Suite, Apt. #, etc. <b>Coral Gables, FL</b> City & State	3. Mailing Address <b>201 Alhambra Circle #601</b> Suite, Apt. #, etc. <b>Coral Gables, FL</b> City & State
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2672281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>33134</b> Country <b>Miami-Dade</b>	Zip <b>33134</b> Country <b>Miami-Dade</b>

6. Name and Address of Current Registered Agent  
**SHEAR, DAVID**  
**% FIELDSTONE, LESTER & SHEAR**  
**200 S. BISCAYNE BLVD., SUITE 2100**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent  
 Name  
**David Shear**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o FIELDSTONE LESTER SHEAR & DENBERG**  
**201 Alhambra Circle # 601**  
 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 DATE **1/19/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS SHEAR, DAVID 200 S. BISCAYNE BLVD STE 2100 MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHEAR, David 201 Alhambra Circle, # 601 Coral Gables, FL 33134</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **DAVID SHEAR** Date **1/19/01** Daytime Phone # **305-357-1001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)