

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/1

**FILED**  
Feb 26, 2001 8:00 am  
Secretary of State

01-30-2001 90190 010 \*\*\*150.00

**DOCUMENT # P00000012425**

1. Entity Name

DEMAHY LABRADOR & DRAKE, P.A.

Principal Place of Business

2600 DOUGLAS ROAD, SUITE 501  
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS ROAD, SUITE 501  
CORAL GABLES FL 33134

2. Principal Place of Business

2333 Ponce de Leon Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 650

Suite, Apt. #, etc.

Same

City & State

Coral Gables FL

City & State

Same

Zip

33134

Country

Dade

Zip

33134

Country

Same

4. FEI Number

05-0979789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LABRADOR, FRANK L  
2600 DOUGLAS ROAD, SUITE 501  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Same

2333 Ponce de Leon Blvd

Suite 650

City

Coral Gables

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/01

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, 2001 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 PSD  
NAME DRAKE, KENNETH R  
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 501  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE VTD  
NAME LABRADOR, FRANK L  
STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 501  
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 2333 Ponce de Leon Blvd. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 650  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE 2333 Ponce de Leon Blvd. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 650  
CITY-ST-ZIP Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

1/23/01 (305) 443-4850

CR2004 (10/00)