

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007023

1. Entity Name

JOHN H. PATTERSON, JR., P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90041 007 ***150.00

Principal Place of Business

Mailing Address

44 WEST FLAGLER ST.
SUITE 1050
MIAMI FL 33130-6808
US

44 WEST FLAGLER ST.
SUITE 1050
MIAMI FL 33130-6815
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0380886

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATTERSON, JOHN H JR
SUITE 2450 COURTHOUSE TOWER 44 WEST FLAGLER
18TH FLOOR
MIAMI FL 33130

Name
John H. Patterson, Jr.

Street Address (P.O. Box Number is Not Acceptable)
Suite 1050 Courthouse Tower

44 West Flagler Street

City
Miami, Florida

FL

Zip Code
33130-6808

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 firm, 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
DPST
PATTERSON, JOHN H JR.
44 W FLAGLER ST STE 1050
MIAMI FL ☐ Delete

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

TITLE
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TITLE
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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 FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)