

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000013884

1. Entity Name

CHARTERED LAW OFFICES OF JAMES V. DOLAN

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90034 049 ***150.00

Principal Place of Business

1040 BAYVIEW DR
BAYVIEW BLDG STE 606
FT LAUDERDALE FL 33304

Mailing Address

1040 BAYVIEW DR
BAYVIEW BLDG STE 606
FT LAUDERDALE FL 33304

2. Principal Place of Business

1132 S.E. 2nd Ave

Suite, Apt. #, etc.

3. Mailing Address

1132 S.E. 2nd Ave

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

FT. Lauderdale FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0392460

Applied For

Not Applicable

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

DOLAN, JAMES V
1040 BAYVIEW DR
STE 606
FT LAUDERDALE FL 33304

Name

James V. Dolan

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

1132 S.E. 2nd Ave

City

FT. Lauderdale

FL

Zip Code

33316

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MST	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, ILEANA N	
STREET ADDRESS	1040 BAYVIEW DR #606	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	President	<input type="checkbox"/> Delete
NAME	James V. Dolan	
STREET ADDRESS	1132 S.E. 2nd Ave	
CITY-ST-ZIP	FT. Lauderdale FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (10/00)