

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 8:00 am  
Secretary of State**

02-07-2000 90012 001 \*\*\*150.00

**DOCUMENT # P93000023832**

1. Entity Name

**LAWRENCE P. BEMIS, P.A.**

Principal Place of Business

Mailing Address

**200 S BISCAYNE BOULEVARD  
SUITE 4000  
MIAMI FL 33131-2398****200 S BISCAYNE BOULEVARD  
SUITE 4000  
MIAMI FL 33131-2303****710750**

2. Principal Place of Business

3. Mailing Address

**c/o Michael A. Barrow, C.P.A.****c/o Michael A. Barrow C.P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6401 S.W. 87 Ave. Ste. 210****6401 S.W. 87 Ave. Ste. 210**

City &amp; State

City &amp; State

**Miami, Florida 33173****Miami, Florida 33173**

Zip

Country

Zip

Country

4. FEI Number **65-0401137**

Applied

Not Applied

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEMIS, LAWRENCE P****c/o Michael A. Barrow, C.P.A.****6401 S.W. 87 Ave. Ste. 210****Miami, Florida 33173**

Name

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

City

**FL**

Zip Code

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

*Lawrence P. Bemis*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/00**

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  
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BEMIS, LAWRENCE P 200 S BISCAYNE BLVD., SUITE 4000 MIAMI FL 33131-2398</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BEMIS, LAWRENCE P. c/o Michael A. Barrow Ste. 210 6401 S.W. 87 Av. Miami, FL 33173</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
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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 Supplemental Report, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence P. Bemis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/29/00**