2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032363

Entity Name

SUITE 200

ET LAUNERDALE EL 22200

NICHOLAS E. BROWN, P.A.

Principal Place of Business	М
6250 N. ANDREWS AVE	62

Mailing Address

6250 N. ANDREWS AVE. SUITE 200

FT LAUDERDALE FL 33309-2184

AODENDALL 12		,	
Principal Place of Business		3. Mailing Addres	s
Suite, Apt, #, etc.	<u> </u>	Suite, Apt. #, et	c.
City & State		City & State	
Zip	Country	Zip	Country
6.	Name and Address of Co	urrent Registered Agent	

changed, or on an attachment with an address, with all other like empowered.

FILED Feb 16, 2000 8:00 am Secretary of State

02-16-2000 90040 036 ***150.00

DODTOROG

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

65-0414899

4. FEI Number

ZIP		Country	Ζip	Country	5. 0	Certificate of Status Desired		e Require	
	6. Name	and Address of Current R	egistered Agent		7. N	lame and Address of New Reg			
			<u> </u>	Name · · ·		A			
BROWN, NICHOLAS E 6250 N. ANDREWS AVE.		Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
	E 200								
FT LAUDERDALE FL 33309		City	City			FL Zip Code			
8. The above	named entit	y submits this statement for	the purpose of changing it	s registered office or regis	tered age	ent, or both, in the State of Floric	la.		
SIGNATURE _		or printed name of registered agent an	data d	TE: Registered Agent signature requ	irad whon ra	instatura)	DATE		
 _	Signature, typed	or printed name or registered agent an	а иле и аррисавіе. (110	TE: negistered Agent signature requ		I I I I I I I I I I I I I I I I I I I		-	
		/!!! FEE IS \$150.00 :000 Fee will be \$550.0 :ble to Department of S		Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be I to Fees		
11.		OFFICERS AND D	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	3 IN 11
TITLE	P		☐ Delete	TITLE				Change	Addition
NAME		NICHOLAS E		NAME					
STREET ADDRESS		GAR LOAF LN		STREET ADDRESS					
CITY-ST-ZIP	FT LAUD	ERDALE FL 33312	<u></u>	CITY-ST-ZIP	-				
TITLE			☐ Delete	TITLE			ļ	Change	☐ Addition
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CITY-ST-ZIP				CITY-ST-ZIP					
indicated	on this repo	rt or supplemental report is :	true and accurate and that	: mv signature shall have th	ne same l	119.07(3)(i), Florida Statutes. I fi legal effect as if made under oa da Statutes; and that my name a	in; inai I an	n an oπicer	or director