

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000036297

1. Entity Name

EDWARD L. TOBIN, P.A.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90091 013 \*\*\*150.00

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE  
SUITE 800  
MIAMI FL 33131

444 BRICKELL AVENUE  
SUITE 800  
MIAMI FL 33139-1465

C0014538



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Sunset Harbor Dr

3. Mailing Address

1800 Sunset Harbor Dr

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0412802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARLTON FRED  
444 BRICKELL AVE STE 800  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Edward L. Tobin

Street Address (R.O. Box Number if Not Acceptable)

1800 Sunset Harbor Dr

Suite F

City Miami Beach

FL

Zip Code

33139

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]*

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

(NOTE: Registered Agent signature required when reinstating)

1/27/00  
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

TITLE P ☐ Delete

NAME TOBIN, EDWARD L  
STREET ADDRESS 444 BRICKELL AVENUE, SUITE 800  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1800 Sunset Harbor Dr Suite F  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

Daytime Phone #

305-672-5300