

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 8:00 am
Secretary of State**

01-08-2001 90029 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000038850																																	
1. Entity Name DAN ZOHAR, P.A.																																	
Principal Place of Business 8902 N. DALE MABRY HWY SUITE 111 TAMPA FL 33614		Mailing Address 8902 N. DALE MABRY HWY SUITE 111 TAMPA FL 33614																															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country																														
4. FEI Number 59-3183895		Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent ZOHAR, DAN 8902 N. DALE MABRY HWY SUITE 111 TAMPA FL 33614		7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																															
11. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PST ZOHAR, DAN 8902 N. DALE MABRY HWY, SUITE 111 TAMPA FL</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ZOHAR, DAN 8902 N. DALE MABRY HWY, SUITE 111 TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.																																	
SIGNATURE: Dan Zohar		Date 1/3/01 Daytime Phone # 813/935-9448																															

CR2E034 (10/00)