

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90032 014 ***150.00

0258893

DOCUMENT # P94000000876

1. Entity Name

MURPHY & ROIG, P.A.

Principal Place of Business

**1401 E BROWARD BLVD
 201
 FT. LAUDERDALE FL 33301
 US**

Mailing Address

**1401 E BROWARD BLVD
 201
 FT LAUDERDALE FL 33301
 US**

2. Principal Place of Business

1132 SE 2 Avenue

3. Mailing Address

1132 SE 2 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0457182

Applied For

Not Applicable

Zip
33316

Country
Broward

Zip
33316

Country
Broward

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

023287



6. Name and Address of Current Registered Agent

**KRAMER, ANDREW L CPA
 3511 W COMMERCIAL BLVD
 402
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Joseph G. Mott, Jr.**

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

500 W Cypress Creek Rd., Ste 400

City **Ft. Lauderdale,**

FL

Zip Code
33309

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

Joseph G. Mott, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/06/01

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

TITLE **D** ☐ Delete
 NAME **MURPHY, PATRICK J**
 STREET ADDRESS **1401 E BROWARD BLVD., STE 201**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
 NAME **ROIG, FERNANDO L.**
 STREET ADDRESS **1401 E BROWARD BLVD., STE 201**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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 **1132 SE 2nd Avenue**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1132 SE 2nd Avenue**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/01

Date

954.525.5509

Daytime Phone #

CR2E034 (10/00)