

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015360

1. Entity Name

LAURA M. FABAR, P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90056 008 ***150.00

Principal Place of Business

Mailing Address

44 WEST FLAGLER STREET
 STE. 2100
 MIAMI FL 33130

44 WEST FLAGLER STREET
 STE. 2100
 MIAMI FL 33131-2037

2. Principal Place of Business

100 S. BISCAYNE BLVD

3. Mailing Address

100 S. BISCAYNE BLVD.

Suite, Apt. #, etc.

#800

Suite, Apt. #, etc.

#800

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0482937

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FABAR, LAURA M
 44 WEST FLAGLER STREET
 STE. 2100
 MIAMI FL 33130

ADDRESS
 CHANGE
 ONLY →

Name

FABAR, LAURA M.

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

100 S. BISCAYNE BLVD., #800

City

MIAMI

FL

Zip Code

33131

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

(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.
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME FABAR, LAURA M
 STREET ADDRESS 44 WEST FLAGLER STREET STE. 2100
 CITY-ST-ZIP MIAMI FL 33130 ☐ Delete

TITLE PD
 NAME FABAR, LAURA M. ☒ Change ☐ Addition
 STREET ADDRESS 100 BISCAYNE BLVD., SUITE 800
 CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

LAURA M. FABAR
 PRESIDENT

Date

3-21-00

Daytime Phone #

CR2E034 (9/99)