

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017793

1. Entity Name

GARY A. DUMAS, P.A.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90025 010 \*\*\*150.00

Principal Place of Business

7975 MIAMI LAKES DR.  
SUITE 360  
MIAMI LAKES FL 33016  
US

Mailing Address

7975 MIAMI LAKES DR.  
SUITE 360  
MIAMI LAKES FL 33016  
US

00010011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7975 Miami Lakes Dr.

3. Mailing Address

7975 Miami Lakes Dr.

Suite, Apt. #, etc.

Suite 340

Suite, Apt. #, etc.

Suite 340

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33016

Country

US

Zip

33016

Country

US

4. FEI Number

65-0471312

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

DUMAS, GARY A  
7975 MIAMI LAKES DR.  
SUITE 360  
MIAMI LAKES FL 33016

Name

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

7975 Miami Lakes Dr.  
Suite 340

City

Miami Lakes, FL

Zip Code

33016

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

*Gary A. Dumas, president*

04-27-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME DUMAS, GARY A  
STREET ADDRESS 7975 MIAMI LAKES DR., STE. 360  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☒ Change ☐ Addition  
NAME *7975 Miami Lakes Dr., Suite 340*  
STREET ADDRESS *Miami Lakes, FL*  
CITY-ST-ZIP *33016*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
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 another like empowered.

SIGNATURE:

*Gary A. Dumas, as pres.*

04-27-01 305-821-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)