

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060415

1. Entity Name

DESMOND J. MURPHY D.C. P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90273 021 ***150.00

Principal Place of Business

Mailing Address

~~11017 W OAKLAND PARK BLVD.~~
~~SUITE 369~~
~~SUNRISE FL 33351~~
US

~~3594 NW 95TH TERRACE~~
~~SUNRISE FL 33024-0104~~
US

2. Principal Place of Business

#924 PINES BLVD
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 245275
Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL
Zip **33024** Country **US**

City & State

PEMBROKE PINES FL
Zip **33024** Country **US**

4. FEI Number

65-0512608

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

MURPHY, DESMOND J
3594 NW 95 TERRACE
SUNRISE FL 33351

Name

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

1853 N.W. 96th AVE

City

PLANTATION

FL

Zip Code

33322

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

1/3/00

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	DP	<input type="checkbox"/> Delete
NAME	MURPHY, DESMOND J	
STREET ADDRESS	10117 W OAKLAND PARK BLVD SUITE 369	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DESMOND J.	
STREET ADDRESS	P.O. Box 245275	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DESMOND J MURPHY
PRESIDENT

Date

1/3/00

Daytime Phone #

954-961-6161

CR2E034 (9/99)