

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000681

1. Entity Name

BRIAN J. FELCOSKI, P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90041 041 ***150.00

Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD.
4000 1ST UNION FINANCIAL CENTER
MIAMI FL 33131-2398

200 S. BISCAYNE BLVD.
4000 1ST UNION FINANCIAL CENTER
MIAMI FL 33131-2310
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2333 Ponce de Leon Blvd.
Suite, Apt. #, etc.
1102

2333 Ponce de Leon Blvd.
Suite, Apt. #, etc.
1102

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
US

4. FEI Number 65-0545745

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

FELCOSKI, BRIAN J
200 S. BISCAYNE BLVD.
4000 1ST UNION FINANCIAL CENTER
MIAMI FL 33131-2398

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
FELCOSKI, BRIAN J
200 S BISCAYNE BLVD, 4000 1ST UNION FINANC
MIAMI FL 33131-2398

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2333 Ponce de Leon Blvd, Suite 1102
Coral Gables, FL 33134

☒ Change ☐ Addition

TITLE
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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

Date

Daytime Phone #

[Signature]
President

3/31/00

305-446-2800

CR2E034 (9/99)