

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90159 049 ***150.00

DOCUMENT # P95000052142

1. Entity Name
LAW OFFICES OF JOHN R. FIORE, PA

Principal Place of Business 801 BRICKELL AVE 1501 MIAMI FL 33131-944 US	Mailing Address 801 BRICKELL AVE 1501 MIAMI FL 33131-944 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 BRICKELL AVE.	3. Mailing Address 701 BRICKELL AVE.
Suite, Apt. #, etc. 3260	Suite, Apt. #, etc. 3260

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131	Zip 33131
Country DADE	Country DADE

4. FEI Number 65-0605677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FIORE, JOHN R
 801 BRICKELL AVE
 STE 1501
 MIAMI FL 33131-4944**

7. Name and Address of New Registered Agent
 Name
FIORE, JOHN R.
 Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVE. - SUITE 3260
 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]* **JOHN R. FIORE** DATE **1/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP JOHN R FIORE 801 BRICKELL AVE STE 1501 MIAMI FL 33131-4944 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHN R, FIORE 701 BRICKELL AVE - SUITE 3260 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **JOHN R. FIORE** DATE **1/23/01** DAYTIME PHONE # **305-810-6579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)