

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060125

1. Entity Name

DONALD W. EDWARDS, P.A.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90047 007 \*\*\*150.00

Principal Place of Business

633 NE 167 ST  
SUITE 912  
N MIAMI BEACH FL 33162

Mailing Address

633 NE 167 ST  
SUITE 912  
N MIAMI BEACH FL 33162-2447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

633 NE 167 STREET  
Suite, Apt. #, etc.  
912  
City & State  
NORTH MIAMI BEACH  
Zip  
33162 Country  
MIAMI-DADE

3. Mailing Address

633 N.E. 167 STREET  
Suite, Apt. #, etc.  
912  
City & State  
NORTH MIAMI BEACH  
Zip  
33162 Country  
MIAMI-DADE

4. FEI Number

65-0600113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, DONALD W  
633 NE 167 ST  
SUITE 912  
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name  
EDWARDS, DONALD W.  
Street Address (P.O. Box Number is Not Acceptable)  
633 NE 167 STREET  
SUITE 912  
City  
N. M. B. FL Zip Code  
33162

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

Donald W. Edwards

02-09-2000

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

TITLE	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>EDWARDS, DONALD W</u>	
STREET ADDRESS	<u>633 NE 167 ST SUITE 912</u>	
CITY-ST-ZIP	<u>N MIAMI BEACH FL 33162</u>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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

Donald W. Edwards

Date

Daytime Phone #

02-09-2000

CR2E034 (9/99)