

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90034 039 ***150.00

DOCUMENT # P96000007940

1. Entity Name

CORAL REEF LAW OFFICES, P.A.

Principal Place of Business

Mailing Address

12651 SOUTH DIXIE HIGHWAY
#335
PINECREST FL 33156
US

12651 SOUTH DIXIE HIGHWAY
#335
MIAMI FL 33157-1941

2. Principal Place of Business

3. Mailing Address

9000 CORAL REEF DR.

9000 CORAL REEF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 102

Suite # 102

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33157

USA

33157

USA

4. FEI Number

65-0637669

5. Certificate of Status Desired

\$8.75
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, NATHAN D
12651 SOUTH DIXIE HIGHWAY
#335
PINECREST FL 33156

Name

CLARK, NATHAN D.

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

9000 Coral Reef Dr., # 102

City

Palmetto Bay

FL

Zip Code

33157

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

Nathan D. Clark

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-2000

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
Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, NATHAN D	
STREET ADDRESS	12651 S. DIXIE HIGHWAY #335	
CITY-ST-ZIP	MIAMI FL 33156	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	Clark, Nathan D.	
STREET ADDRESS	9000 CORAL REEF DRIVE Suite #102	
CITY-ST-ZIP	Miami, Florida 33157	
TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	.	
STREET ADDRESS	.	
CITY-ST-ZIP	.	
TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	.	
STREET ADDRESS	.	
CITY-ST-ZIP	.	
TITLE	.	<input type="checkbox"/> Change <input type="checkbox"/>
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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nathan D. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2000

Date

(305) 235-

Daytime Phone #