2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **P96000033894**

1. Entity Name
DON MOORE, P.A.

Principal Place of Business	Mailing Address
2901 SOUTH BAYSHORE DRIVE 10-A MIAMI FL 33133 US	2901 SOUTH BAYSHORE DRIVE 10-A MIAMI FL 33133 US

2. Principal Place of Business		3. Mailing Address	
2901 SOUTH BAYSHORE DRIVE		2901 SOUTH BAYSHORE DRIVE	
Suite, Apt. #, etc. 17-G		Suite, Apt. #, etc. 17-G	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33133	Country US	Zip 33133	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0664533** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE DONALD P
2901 S. BAYSHORE DRIVE
SUITE 10-A
MIAMI FL
33133 US

7. Name and Address of New Registered Agent

Name
MOORE DONALD P
Street Address (P.O. Box Number is Not Acceptable)
2901 S. BAYSHORE DRIVE
SUITE 17-G
City
MIAMI **FL** Zip Code 33133

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 P. MOORE** 04/23/2001
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOORE DONALD P 2901 S. BAYSHORE DRIVE, SUITE 10-A MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MOORE DONALD P 2901 S. BAYSHORE DRIVE, SUITE 17-G MIAMI FL 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Donald P. Moore PTSD 04/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #