

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066481

1. Entity Name

CHRISTOPHER PARKER-CYRUS, P.A.

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

02-16-2000 90093 001 \*\*\*300.00

Principal Place of Business 9240 SW 72 ST. 207 MIAMI FL 33173 US	Mailing Address 9240 SW 72 ST. 207 MIAMI FL 33173-3263 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9220 SW 72ND ST Suite, Apt. #, etc. SUITE 205 City & State MIAMI FL Zip 33173 Country US	3. Mailing Address 9220 SW 72ND ST Suite, Apt. #, etc. SUITE 205 City & State MIAMI FL Zip 33173 Country US
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4. FEI Number 65-0694272	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 PARKER-CYRUS, CHRISTOPHER 9240 SW 72 ST. STE. 207 MIAMI FL 33173	7. Name and Address of New Registered Agent Name PARKER-CYRUS, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 9220 SW 72ND ST SUITE 206 City MIAMI FL Zip Code 33173
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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 Christophe Parker-Cyrus DATE 1/16/00  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER-CYRUS, CHRISTOPHER 9240 SW 72 ST., STE. 207 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARKER-CYRUS, CHRISTOPHER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9220 SW 72ND ST #205 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of Officer or Director DATE 1/16/00 DAYTIME PHONE # 305 274 0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR