

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089593

1. Entity Name

TERRANCE J. MULLIN, P.A.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90523 028 ***150.00

Principal Place of Business

2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

Mailing Address

2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

814723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 S. Biscayne Blvd.

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2000

Suite, Apt. #, etc.

Suite 2000

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number 65-0705472

Applied For

Not Applicable

Zip

33131

Country

US

Zip

33131

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLIN, TERRANCE J ESQ
2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

Name

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

200 South Biscayne Blvd.

Suite 2000

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, 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
DPS
MULLIN, TERRANCE J
2655 LEJEUNE RD, PENTHOUSE II
CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200 S. Biscayne Blvd., Suite 2000
Miami, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-01 787 777 8016

CR2E034 (10/00)