

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013604

1. Entity Name

MICHAEL R. FLAM, P.A.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90552 001 \*\*\*150.00

04-26-2000 90552 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

2858 UNIVERSITY DRIVE  
SUITE B, SECOND FLOOR  
CORAL SPRINGS FL 33065

2858 UNIVERSITY DRIVE  
SUITE B, SECOND FLOOR  
CORAL SPRINGS FL 33065-1427

2. Principal Place of Business

3. Mailing Address

400 South Australian Ave  
Suite, Apt. #, etc.

400 South Australian Ave  
Suite, Apt. #, etc.

Suite 500

Suite 500

City & State  
West Palm Beach

City & State  
West Palm Beach

Zip Country  
33401-5042 Palm Beach

Zip Country  
33401-5042 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0737631

Applied For

Not Applicable

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

FLAM, MICHAEL R  
2858 UNIVERSITY DRIVE  
SUITE B, SECOND FLOOR  
CORAL SPRINGS FL 33065

Name

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

400 South Australian Avenue

Suite 500

City

West Palm Beach

FL

Zip Code

33401-5042

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

Michael R. Flam, Pres. + individually

3-24-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME FLAM, MICHAEL R  
STREET ADDRESS 2858 UNIVERSITY DRIVE, SUITE B, SECOND FL  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 400 South Australian Avenue, Suite 500  
CITY-ST-ZIP West Palm Beach, FL 33401-5042

TITLE T ☐ Delete  
NAME FLAM, MICHAEL R  
STREET ADDRESS 2858 UNIVERSITY DRIVE, SUITE B, SECOND FL  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 400 South Australian Avenue, Suite 500  
CITY-ST-ZIP West Palm Beach, FL 33401-5042

TITLE SEC ☐ Delete  
NAME FLAM, MICHAEL R  
STREET ADDRESS 2858 UNIVERSITY DR STE B 2ND FL  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 400 South Australian Avenue, Suite 500  
CITY-ST-ZIP West Palm Beach, FL 33401-5042

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael R. Flam, Pres.

3-24-00

954-753-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)