

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90833 019 ***150.00

DOCUMENT # P97000013604

1. Entity Name

MICHAEL R. FLAM, P.A.

Principal Place of Business

Mailing Address

**400 SOUTH AUSTRALIAN AVE
SUITE 500
WEST PALM BEACH FL 33401-5042**

**400 SOUTH AUSTRALIAN AVE
SUITE 500
WEST PALM BEACH FL 33401-5042**

2. Principal Place of Business

1 North Clematis Street

3. Mailing Address

1 North Clematis Street

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

PALM BEACH

Zip

33401

Country

Palm Beach

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
400 SOUTH AUSTRALIAN AVENUE
SUITE 500
WEST PALM BEACH FL 33401-5042**

Name

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

1 North Clematis Street

Suite 500

City

West Palm Beach

FL

Zip Code

33401

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

4-17-01

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 | P | <input type="checkbox"/> Delete |
| NAME | FLAM, MICHAEL R | |
| STREET ADDRESS | 400 S AUSTRALIAN AVE STE 500 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401-5042 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FLAM, MICHAEL R | |
| STREET ADDRESS | 400 S AUSTRALIAN AVE STE 500 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401-5042 | |
| TITLE | SEC | <input type="checkbox"/> Delete |
| NAME | FLAM, MICHAEL R | |
| STREET ADDRESS | 400 S AUSTRALIAN AVE STE 500 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401-5042 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1 North Clematis Street, Suite 500 |
| CITY-ST-ZIP | West Palm Beach FL 33401 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1 North Clematis Street, Suite 500 |
| CITY-ST-ZIP | West Palm Beach FL 33401 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1 North Clematis Street, Suite 500 |
| CITY-ST-ZIP | West Palm Beach FL 33401 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIRECTOR |
| STREET ADDRESS | Michael R. Flam |
| CITY-ST-ZIP | 1 North Clematis Street, Suite 500 West Palm Beach FL 33401 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

Date

4-17-01

Daytime Phone #

561-832-3300

CR2E034 (10/00)