

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034735

1. Entity Name

SYDNEY P. SMITH, P.A.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90096 048 ***150.00

Principal Place of Business

2820 SOUTHWEST 33RD COURT
 MIAMI FL 33133

Mailing Address

2820 SOUTHWEST 33RD COURT
 MIAMI FL 33133-3438

2. Principal Place of Business

815 PONCE DE LEON BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

4. FEI Number

65-0749055

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

Country

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

TRIOLA, FRANK P
 5781 BISCAYNE BLVD.
 STE. 10-PM
 MIAMI FL 33137

Name SYDNEY P SMITH

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

815 PONCE DE LEON BLVD # 200

City MIAMI FL Zip Code 33134

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: *S P Smith*
 Signature, typed or printed name of registered agent and title if applicable

SYDNEY P. SMITH

1/5/2000

(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 PD ☐ Delete
 NAME SMITH, SYDNEY P
 STREET ADDRESS 2820 SOUTHWEST 33RD COURT
 CITY-ST-ZIP MIAMI FL 33133

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

S P Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2000 305 438
 0099

CR2004 (9/99)