

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048461

1. Entity Name

ANDREW V. TRAMONT, P.A.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90042 021 \*\*\*150.00

Principal Place of Business

Mailing Address

201 S BISCAYNE BLVD  
 1700 MIAMI CENTER  
 MIAMI FL 33131

201 S BISCAYNE BLVD  
 1700 MIAMI CENTER  
 MIAMI FL 33131-4332

2. Principal Place of Business

3. Mailing Address

1401 Brickell Avenue

1401 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Miami Florida

Miami Florida

Zip

Country

Zip

Country

33131

33131

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAMONT, ANDREW V ESQ.  
 201 S BISCAYNE BLVD  
 1700 MIAMI CENTER  
 MIAMI FL 33131

Name

Tramont, Andrew V Esq.

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

1401 Brickell Avenue

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

Andrew V. Tramont

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/00

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 ☐ Delete  
 NAME D  
 STREET ADDRESS TRAMONT, ANDREW V  
 CITY-ST-ZIP 1700 MIAMI CTR., 201 S BISCAYNE BLVD  
 MIAMI FL 33131-4329

TITLE ☒ Change ☐ Addition  
 NAME TRAMONT, ANDREW V  
 STREET ADDRESS 1401 Brickell Avenue  
 CITY-ST-ZIP Suite 600  
 Miami Florida 33131

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00 305 350 2300

Date

Daytime Phone #

CR2E034 (9/99)