

-2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000068680**

1. Entity Name

LAW OFFICE OF DANIEL ALAN LACHEEN, P.A. ✓**FILED**
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90011 047 ***550.00

Principal Place of Business

Mailing Address

2601 S BAY SHORE DR
STE 1100
MIAMI FL 33133
US2601 S BAYSHORE DR
STE 1100
MIAMI FL 33130-3047
US

2. Principal Place of Business

3. Mailing Address

80 SW 8th Street

80 SW 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1910

#1910

City & State

City & State

Miami, FL

Miami, Florida

Zip

Zip

Country

Country

33130

33130

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0774063

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

LACHEEN, D A
2601 S BAYSHORE DR
STE 1100
MIAMI FL 33133

Name

L. Acheen, D.A.

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

80 S.W. 8th Street

Suite #1910

City

Miami

FL

Zip Code
33130

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.

Daniel ALAN Lacheen, President

DATE

6/13/00

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 State10. 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
D
LACHEEN, DANIEL A
2601 S BAYSHORE DR, STE 1100
MIAMI FL 33133
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Lacheen, Daniel A.
80 SW 8th Street, Suite #1910
Miami, FL 33130
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

Daniel Lacheen

Date

6/13/00

Daytime Phone #

305-523-2100