

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90185 046 ***150.00

DOCUMENT # P97000101750

1. Entity Name

LAW OFFICES OF TAMMI A. CLEARFIELD, P.A.

Principal Place of Business

**1101 BRICKELL AVENUE STE. 1801
 MIAMI FL 33131**

Mailing Address

**1101 BRICKELL AVENUE STE. 1801
 MIAMI FL 33131**

2. Principal Place of Business

Park Place II, Suite 300

3. Mailing Address

Park Place II, Suite 300

Suite, Apt. #, etc.

1501 Venera Avenue

Suite, Apt. #, etc.

1501 Venera Avenue

City & State

Coral Gables, FL

City & State

Coral Gables, Florida

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0796034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CLEARFIELD, TAMMI A
 15920 SW 79TH TERRACE
 MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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

TITLE **D** ☐ Delete
 NAME **CLEARFIELD, TAMMI A**
 STREET ADDRESS **1101 BRICKELL AVENUE STE. 1801**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Clearfield, Tammi A.**
 STREET ADDRESS **Park place II, Suite 300**
 CITY-ST-ZIP **1501 Venera Avenue, Coral Gables, FL 33146**

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tammi Clearfield

1/26/01

(305) 665-3399

CR2E034 (10/00)