

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90097 041 ***150.00

DOCUMENT # P98000004251

1. Entity Name
ALLAN DOMBROW, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5434 W SAMPLE RD 239 MARGATE FL 33073	Mailing Address 5434 W SAMPLE RD 239 MARGATE FL 33073-3453
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2. Principal Place of Business 3601 W. COMMERCIAL BLVD Suite, Apt. #, etc.	3. Mailing Address 5434 W. SAMPLE RD Suite, Apt. #, etc. PMB #239
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City & State FT. LAUDERDALE FL	City & State MARGATE FL
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4. FEI Number 59-3488691	Applied For <input type="checkbox"/> Not Applicable
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Zip 33309	Country USA	Zip 33073-3453	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DOMBROW, ALLAN
5434 W SAMPLE RD
239
MARGATE FL 33073

7. Name and Address of New Registered Agent
 Name **ALLAN B. DOMBROW**
 Street Address (P.O. Box Number is Not Acceptable)
3601 W. COMMERCIAL BLVD
 City **FT. LAUDERDALE FL** Zip Code **33309**

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]* **ALLAN B. DOMBROW** DATE **4.27.00**
Signature, title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMBROW, ALLAN 5434 W SAMPLE RD 236 MARGATE FL 33073	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALLAN B. DOMBROW 5434 W. SAMPLE RD. PMB #239 MARGATE FL 33073-3453	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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]* **ALLAN B. DOMBROW** Date **4/27/00** Daytime Phone # **954-676-3663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)