

DOCUMENT # P98000008354

1. Entity Name

MARK J. LYNN, P.A.

Principal Place of Business

555 N.E. 15TH STREET #100
MIAMI FL 33132

Mailing Address

555 N.E. 15TH STREET #100
MIAMI FL 33132-1455

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

6. Name and Address of Current Registered Agent

LYNN, MARK J
555 N.E. 15TH STREET #100
MIAMI FL 33132

Name

Street Address (If different from above)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

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

(NOTE: Registered Agent signature required)

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PSD LYNN, MARK J	555 N.E. 15TH STREET #100	MIAMI FL 33132

12.

TITLE	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 607.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of a declaration under penalty of perjury that the information is true and accurate and that my signature shall have the effect of a declaration under penalty of perjury that the information is true and accurate and that my signature shall have the effect of a declaration under penalty of perjury that the information is true and accurate.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: [Signature] 1/9/99 305-370-0933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)