## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000019113

1. Entity Name

JAMES P.E. ROEN, P.A.

Principal Place of Business

GABLES INTERNATIONAL PLAZA
2655 LE JEUNE RD SUITE 1108

2. Principal Place of Business

CORAL GABLES FL 33134

SIGNATURE:

Mailing Address

3. Mailing Address

GABLES INTERNATIONAL PLAZA 2655 LE JEUNE RD SUITE 1108 CORAL GABLES FL 33134-5802

Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State	City & State						
Zip	Country	Zip	Country				

## FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90129 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4/26/00 (355) 661-6664

NOT APPLICABLE

4. FEI Number

Applied For

Not Applicable

Zip	Country	Zip	Coun	Country 5.		Certificate of S	tatus Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
				Name							
ROEN, JAMES P ESQ.				Street Address (P.O. Box Number is Not Acceptable)							
GABLES INTERNATIONAL PLAZA											
	LE JEUNE RD SUITE 1108 13	,20 S. Derce Has al Holla, Flo. 3	4 PH	1275	· • •						
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	<u> </u>	B > 104 CI 1 20 . 2	√u . <del>-</del> ∪	City				FL	- Zip Code	3	
8 The above	named entity submits this statement for	the ourpose of changing its	registere	ed office or	registered as	gent, or both, in	the State of Flo	rida,	•		
<b>2.</b> 1110 abo10	The most office, desired the state of the st	pp									
OLONIATURE											
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E. Registere	d Agent signatu	re required when i	reinstating)		DATE			
		THE NOW		IC 6150 0					***	· · ·	
,	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW					n Campaign Fir			May Be	
•	ng requirement and elects to do so.  After MAY 1, 2000 Fee riteria on back)  Make Check Payable to De					Trust Fi	n. L	☐ Added to Fees			
11.	OFFICERS AND		12.			 DDITIONS/CHA	ANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
TITLE	D	Delete	TITLE	-					Y Change	Addition	
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indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that	mv siana:	ture shall ha	ave the same	e legal effect as	it made under	bain: that i	am an omcer	or alrector	
of the cor	poration or the receiver or trustee empo	wered to execute this report with all other like empowered	t as requi	red by Cha	oter 607, Flor	rida Statutes; ar	nd that my nam	e appears	in Block 11 or	Block 12 if	