2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # P98000022526 1. Entity Name T.G. RUNDELL, P.A.						Apr 17, 2001 8:00 am Secretary of State			
	•••		≯ r		04-17-20	01 90060 028 ***150	0.00		
Principal Place of Business 6886 S.W. 88TH STREET D302 MIAMI FL 33156			Mailing Address 6886 S.W. 88TH STREET D302 MIAMI FL 33156						
2. Principal Place of Business 6150 Sw 76 th S+ Suite, Apt. #, etc.			3. Mailing Address 44700 3w 8744ct Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Sowth miami, FL			City & State , FL			4. FEI Number 65-0818	NOT	Applied For Not Applicable	
3314	33143 Country U.5 A 6. Name and Address of Current		33176 eqistered Agent	Country		Certificate of Status Desir Name and Address of No.	Fee Requir		
~ ~ ~ ~ ~ ~ ~ ~	IDELL; THOI			Name			rdell.		
	MAS G I STREET		Street	Street Address (P.O. Box Number is Not Acceptable)					
	VII FL 33156	1		City C	- (std :	miani.	FL Zip Co	de 43	
8. The above	named entity	submits this statement for	the purpose of changing its	_ _		d agent, or both, in the State of		147	
SIGNATURE	\overline{I}	SL PUU of printed name of registered agent an	If Thom	_	Run	dell	4/12/0		
Tax filing	_	ble to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		550.00	10. Election Campaig Trust Fund Contrib	, L 40.	00 May Be ed to Fees	
11.	PD	OFFICERS AND D		12.	0.0	ADDITIONS/CHANGES TO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUNDELL,	. Thomas G . 88Th Street 33156	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6150	PD Rundell, Thomas G GISO SW 764" St South Miani, FL. 33143		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	wa v v		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the cor	on this report poration or th	or supplemental report is to	ue and accurate and that neret and that neret to execute this report	ny signature shall h as required by Cha	ave the sar	ion 119.07(3)(i), Florida Statut me legal effect as if made und Florida Statutes; and that my r	fer oath: that I am an office	r or director 1	