## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** DOCUMENT # **P98000056003** Jan 14, 2000 8:00 am 1. Entity Name THE LAW OFFICES OF CRAIG M. DORNE, P.A. **Secretary of State** 01-14-2000 90050 007 \*\*\*150.00 Mailing Address Principal Place of Business 3050 BISCAYNE BLVD. SUITE 801 3050 BISCAYNE BLVD. SUITE 801 MIAMI FL 33137 MIAMI FL 33137-4143 2. Principal Place of Business 3. Mailing Address 3050 Biscayne Blvd., #502 3050 Biscayne Blvd. #502 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #502 #502 City & State City & State 4. FEI Number Applied For 65-0846987 Miami, Florida Miami, Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required United States 33137 33137 United States 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Craig M. Dorne, Esq. DORNE, CRAIG M Street Address (P.O. Box Number is Not Acceptable) 3050 Biscayne Boulevard 3050 BISCAYNE BLVD. SUITE 801 MIAMI FL 33137 Suite 502 City **Miami** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. K Change ☐ Addition ☐ Delete TITLE TITLE Dorne, Craig M. DORNE, CRAIG M NAME 3050 BISCAYNE BLVD. SUITE 801 STREET ADDRESS 3050 Biscayne Boulevard, #502 STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP MIAM! FL 33137 Miami, Florida <u>3</u>31<u>37</u> Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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