

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056003

1. Entity Name

THE LAW OFFICES OF CRAIG M. DORNE, P.A.

FILED

Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90322 044 \*\*\*150.00

Principal Place of Business

3050 BISCAYNE BLVD #502  
#502  
MIAMI FL 33137

Mailing Address

3050 BISCAYNE BLVD #502  
#502  
MIAMI FL 33137

2. Principal Place of Business

407 Lincoln Road  
Suite, Apt. #, etc.

PH SE

City & State

Miami Beach FL

Zip  
33139

Country  
USA

3. Mailing Address

407 Lincoln Road  
Suite, Apt. #, etc.

PH SE

City & State

Miami Beach FL

Zip  
33139

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0846987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DORNE, CRAIG M ESQ  
3050 BISCAYNE BOULEVARD  
SUITE 502  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Dorne, Craig M., Esq.

Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Road

PH SE

City

Miami Beach

FL

Zip Code

33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-01

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DORNE, CRAIG M	
STREET ADDRESS	3050 BISCAYNE BLVD #502	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorne, Craig M.	
STREET ADDRESS	407 Lincoln Road	
CITY-ST-ZIP	PH SE Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

Date

305-534-4757

Daytime Phone #

CR2E034 (10/00)