

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065165

1. Entity Name

THE HARRIS LAW FIRM, P.A.

Principal Place of Business

~~3674 GRAND AVENUE SUITE 200~~  
~~MIAMI FL 33133~~

Mailing Address

~~3674 GRAND AVENUE SUITE 200~~  
~~MIAMI FL 33133~~

777 BRICKELL AVE.  
STE. 1114 MIAMI, FL 33131-2867

2. Principal Place of Business

777 BRICKELL AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 1114

City & State  
MIAMI, FL

City & State

Zip  
33131

Country

USA

Zip

Country

4. FEI Number

65-0854722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ROBERT N

~~3674 GRAND AVENUE SUITE 200~~  
~~MIAMI FL 33133~~

SAME AS ABOVE

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity admits 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

9.12.2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HARRIS, ROBERT N  
~~3674 GRAND AVE # 200~~  
~~MIAMI FL 33133~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
777 BRICKELL AVE.  
STE 1114  
MIAMI, FL 33131-2867

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 title empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90001 016 \*\*\*150.00

09-14-2000 90010 015 \*\*\*400.00



DO NOT WRITE IN THIS SPACE