

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076366

1. Entity Name

BOOKMAN AND FINE, P.A.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90115 037 \*\*\*150.00

Principal Place of Business

17 NW 168TH STREET  
MIAMI FL 33169

Mailing Address

17 NW 168TH STREET  
MIAMI FL 33015-4214

2. Principal Place of Business

16969 NW 67<sup>th</sup> Avenue

3. Mailing Address

16969 NW 67<sup>th</sup> Avenue

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

Suite 205

City & State

Miami FL

City & State

Miami FL

Zip

Country

33015

Zip

Country

33015



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINE, DAVID  
17 NW 168TH STREET  
MIAMI FL 33169

Name

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

16969 NW 67<sup>th</sup> Avenue

Suite 205

City

Miami FL

FL

Zip Code

33015

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

David C. Fine David C. Fine

1-3-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
FINE, DAVID  
17 NW 168TH STREET  
MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
16969 NW 67<sup>th</sup> Avenue, Suite 205  
Miami FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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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 like empowered.

SIGNATURE:

David C. Fine David C. Fine

1-3-2000 (305) 698-9882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)