

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077052

1. Entity Name

DAVID S. TOBIN, P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90546 031 ***150.00

Principal Place of Business

3300 UNIVERSITY DR
 STE 629
 CORAL SPRINGS FL 33065

Mailing Address

201 SOUTH BISCAYNE BLVD. 17TH FLOOR
 %MICHAEL B. CHESAL, ESQ.
 MIAMI FL 33131-4325

2. Principal Place of Business

7251 West Palmetto Park Rd.
 Suite, Apt. #, etc.
 Suite 205
 City & State
 Boca Raton, Florida

3. Mailing Address

7251 West Palmetto Park Rd.
 Suite, Apt. #, etc.
 Suite 205
 City & State
 Boca Raton, Florida



DO NOT WRITE IN THIS SPACE

Zip
 33433
 Country
 U.S.A.

Zip
 33433
 Country
 U.S.A.

4. FEI Number 65-0871002

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

MIAMI CENTER REGISTERED AGENTS, INC.
 201 SOUTH BISCAYNE BLVD. 17TH FLOOR
 %MICHAEL B. CHESAL, ESQ.
 MIAMI FL 33131

Name
 Tobin & Reyes, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 7251 West Palmetto Park Rd.
 Suite 205
 City
 Boca Raton FL Zip Code
 33433

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)

4/25/00
 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	D	<input checked="" type="checkbox"/> Delete
NAME	TOBIN, DAVID S	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. 17TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, DAVID S	
STREET ADDRESS	7251 West Palmetto Park Rd. Ste. 205	
CITY-ST-ZIP	Boca Raton, Florida 33433	
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: David S. Tobin, President 4/25/00 (561) 620-0656
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)