

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106974

1. Entity Name
PHILIP PATHYIL, P.A.

FILED
Jul 24, 2000 8:00 am
Secretary of State
07-24-2000 90014 014 ***550.00

Principal Place of Business

730 SW 5TH AVE.
HALLANDALE FL 33009

Mailing Address

730 SW 5TH AVE.
HALLANDALE FL 33009

3110 NE 210 ST
Aventura, FL 33180 → SAME

2. Principal Place of Business

3110 NE 210 ST
Suite, Apt. #, etc.

3. Mailing Address

3110 NE 210 ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Aventura, FL

City & State

Aventura, FL

4. FEI Number

65-0883693

Applied For

Not Applicable

Zip

Country

Zip

33180

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATHYIL, PHILIP
730 SW 5TH AVE.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

PHILIP PATHYIL

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

3110 NE 210 ST

City

Aventura

FL

Zip Code

33180

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

Philip L. Pathyil

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/00

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 ☐ Delete
NAME PATHYIL, PHILIP
STREET ADDRESS 730 SW 5TH AVE.
CITY-ST-ZIP HALLANDALE FL 33009 Aventura, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

Philip L. Pathyil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/00

CR2E034 (5/00)