2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
May 22, 2000 8:00 am
Secretary of State

01-25-2000 90094 004 ***150.00

DOCUMENT # P99000001942

1. Entity Name

LAW OFFICES OF JOHN F. COTRONE, P.A.

Principal Place of Business	Mailing Address
509 S.E. 9TH STREET SUITE 1 FORT LAUDERDALE FL 33301	509 S.E. 9TH STREET SUITE 1 FORT LAUDERDALE FL 33316-1131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0885806 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FILINGS, INC~~
~~3732 N.W. 16TH STREET~~
~~FT LAUDERDALE FL 33311-4132~~

7. Name and Address of New Registered Agent

Name John F. Cotrone
Street Address (P.O. Box Number is Not Acceptable) 509 SE 9 St
City Ft Lauderdale FL Zip Code 33316

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 ____ DATE 2-28-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D COTRONE, JOHN F 509 S.E. 9TH STREET FORT LAUDERDALE FL 33301	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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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: ____ 1-18-2000 954 779-777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #