

2000 UNIFORM BUSINESS REPORT (UBR)

8.

FILED
Sep 21, 2000 8:00 am
Secretary of State

08-31-2000 90113 016 ***150.00

DOCUMENT # P99000009297

1. Entity Name
MICHAEL TOOMEY, P.A.

Principal Place of Business
 1000 VENETION WAY #1304
 MIAMI FL 33139

Mailing Address
 1000 VENETION WAY #1304
 MIAMI FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4766 N BAY RD

3. Mailing Address
4766 N BAY RD

Suite, Apt. #, etc.

City & State
MIAMI BCH FL

City & State
MIAMI BCH, FL

Zip
33140

Country

4. FEI Number
650890046

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: **MICHAEL TOOMEY**

Street Address (P.O. Box Number is Not Acceptable)
4766 N BAY RD

City: **MIAMI BCH FL** Zip Code: **33140**

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: *Michael Toomey* DATE: **8/29/00**

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 \$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	<input type="checkbox"/> Delete	D TOOMEY, MICHAEL 1000 VENETION WAY #1304 MIAMI FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D, P TOOMEY, MICHAEL 4766 N BAY RD MIAMI BCH FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Toomey* DATE: **8/29/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Attachment Doc# 144000004241

40074883

Attachment

8/29/00

2:1105

GENTLEMEN:

ATTACHED IS THE 2ND ANNUAL REPORT FOR MICHAEL TOOMEY, P.A. OUR RECORDS INDICATE THAT THE ORIGINAL REPORT WAS FILED IN APRIL 2000, BUT THAT THE PAYMENT REMAINS OUTSTANDING. TO BE SAFE WE ARE REFILEING THE REPORT TOGETHER WITH THE \$150 FEE. IT IS OUR UNDERSTANDING BASED ON DISCUSSIONS WITH YOUR OFFICE THAT YOU ARE BEHIND IN PROCESSING THE APPLICATIONS, SO THAT THIS MAY BE A DUPLICATE.

PLEASE NOTE OUR NEW ADDRESS.

Michael Toomey, President