

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018398

1. Entity Name  
PATRICK J. GOGGINS, P.A.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90213 014 \*\*\*150.00

Principal Place of Business  
GRAND BAY TOWER SUITE 1206  
2665 S BAYSHORE DRIVE  
COCONUT GROVE FL 33133

Mailing Address  
GRAND BAY TOWER SUITE 1206  
2665 S BAYSHORE DRIVE  
COCONUT GROVE FL 33133

762987



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
200 S. Biscayne Blvd.  
Suite, Apt., etc.  
5100

3. Mailing Address  
200 S. Biscayne Blvd.  
Suite, Apt., etc.  
5100

City & State  
Miami FL

City & State  
Miami FL

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

4. FEI Number 65-0895482

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
GOGGINS, PATRICK J  
GRAND BAY TOWER SUITE 1206  
2665 S BAYSHORE DRIVE  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent  
Name  
Goggins, Patrick J.  
Street Address (P.O. Box Number is Not Acceptable)  
200 South Biscayne Blvd., Suite 5100  
City  
Miami FL Zip Code  
33131

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 Patrick Goggins 30 April 2001  
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, 2001 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 GOGGINS, PATRICK J 2665 S BAYSHORE DR STE 1206 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 30 April 2001 305/530-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)