

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033441

1. Entity Name

LAW OFFICES OF GREGORY P. SREENAN, P.A.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90071 019 \*\*\*150.00

Principal Place of Business

Mailing Address

2 S. BISCAYNE BLVD. STE. 2600  
 MIAMI FL 33131

2 S. BISCAYNE BLVD. STE. 2600  
 MIAMI FL 33131-1804

2. Principal Place of Business

3. Mailing Address

169 E. Flagler St.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1200

City & State  
 Miami, FL

City & State

4. FEI Number

65-0924442

Applied For

Not Applicable

Zip  
 33131

Country  
 USA

Zip

Country

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

SREENAN, GREGORY P  
 2 S. BISCAYNE BLVD. STE. 2600  
 MIAMI FL 33131

Name  
 GREGORY P. SREENAN

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

169 East Flagler St. Ste. 1200

MIAMI

City

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

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, 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  
 PRESIDENT  
 GREGORY P. SREENAN  
 169 E. Flagler St. Ste. 1200  
 MIAMI, FL. 33131 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Delete

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 CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

4/25/00 305-374-4170